Sydney City College of Management Pty Ltd (SCCM) ABN: 89 606 547 611, CRICOS Provider: 03620C, RTO: 45203 Address: Level 2, 17 Macquarie Street, Parramatta, NSW 2150

Telephone: +61 2 8872 0435 Email: operations@sccm.edu.au Website: www.sccm.edu.au



Complaint Form

This form is to be used by any party who wishes to make a formal complaint to Sydney City College of Management in writing. Please email your completed form to the Operations Manager at operations@sccm.edu.au Please make sure to include/attach as much evidence as possible. We will contact you within 10 working days to arrange a time to discuss your complaint.

| COMPLAINANT'S DETAILS | | | |
|-----------------------|--|------|--|
| Name | | | |
| Email | Mobile | | |
| DETAILS OF | COMPLAINT (Please outline the issue in as much detail as possible) | | |
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| Describe any | efforts you and/or the staff have made to resolve the issue | | |
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| | | | |
| What outcom | nes are you seeking or expect, to resolve the complaint? | | |
| | | | |
| | | | |
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| | | | |
| DECLARAT | ION | | |
| | s form, I certify that the information provided is true and correct. | | |
| Signature | | Date | |

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|---|------------|----------------|----------|---------------|---------|-------------|
| File Name: SMD4 Complaint Form | | | Apr 2023 | Apr 2024 | 2.0 | |

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| OFFICE USE ONLY | | | | |
|--|-------|------|--------------|------|
| Action/s to be Taken (Response from Management) | | | | |
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| Action/s Taken By | | | | |
| Outcomes | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Resolved | ☐ Yes | □ No | | |
| Complainant Notified | ☐ Yes | □ No | Date Notifie | ed |
| SCCM Representative Signature | | | Date | |
| Recorded in the Complaints and Appeals Register? | | | Yes | □ No |

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|---|------------|----------------|----------|---------------|---------|-------------|
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