



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)

Describe any efforts you and/or the staff have made to resolve the issue

What outcomes are you seeking or expect, to resolve the complaint?

DECLARATION

By signing this form, I certify that the information provided is true and correct.

Signature

Date



OFFICE USE ONLY			
Action/s to be Taken (Response from Management)			
Action/s Taken By			
Outcomes			
Resolved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Complainant Notified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Notified <input type="text"/>
SCCM Representative Signature	<input type="text"/>		Date <input type="text"/>
Recorded in the Complaints and Appeals Register?	<input type="checkbox"/> Yes		<input type="checkbox"/> No