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Complaint Form

This form is to be used by any party who wishes to make a formal complaint to Austrasia College in writing

Name (Optional):			
Student ID (Optional):			
Student ID (Optional).			
Phone (Optional):			
Date:			
Details of Complaint. Tick	where applicable (y	ou can select multiple).	
Training □ Assessment □ Resources □ Training Service □ Facilities □			
Eq	uipment □ Student S	ervice Treatment System	☐ Agent ☐
Details of Complaint:			
-			
-			
What action or response	would you like to be	done to resolve the complaint	?
Details of Actions Taken	o resolve Complain	t (To be completed by Austrasi	a College).
Ctoff Name:		Ciamatura.	Deter
Starr Name:		Signature:	Date:
Detail the response or act	ions Austrasia Colle	ege has taken to resolve the co	mplaint.
Office use only			
Office use only Application Received By	Name:	Signature:	Date:
Application Necested Dy	Hamo.	Oignature.	Date.
Action Taken By	Name:	Signature:	Date: