

COMPLAINTS FORM

Please complete this Complaints Form and submit it to the Chief Executive Officer at the following email address: allman.college@willowgrove.com.au

We will acknowledge your complaint in writing and advise of the next steps in the process.

Name:		Student ID no:
Email:		Phone:
Course:		
Complaint	Reason for complaint – please tick <input type="checkbox"/> trainer (please provide name) <input type="checkbox"/> staff member (please provide name) <input type="checkbox"/> Services (please specify) <input type="checkbox"/> Other	
Describe the nature of the complaint:	Attach any supporting evidence or documentation	
Describe any efforts made to resolve the issue:		
What outcomes are you seeking or expect?		
Are there any areas in which we can improve our systems in the future?		
By signing this form, I certify that the information provided is true and correct. Signature:		Date:

Office Use Only		
Receiving staff member Date		
Complaint outcome	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful	
Date student advised of outcome..... Detail action taken:.....		
Continuous Improvement Form (CIF) raised: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date CIF raised:
CIF raised by:		
Signed:		Date:
CIF received by the Administration Manager <input type="checkbox"/> Yes <input type="checkbox"/> No		Allocated CIF no:
Signature of the CEO:		Date: