COMPLAINTS FORM

Complaints Handling Form

Surname:		**Title:**	
First Given Name:			
Course title:			
Trainer / Assessor:			
Date of occurrence:			
Reason for your submission:			
Occurrences leading up to this submission:			
What outcomes are you seeking or expect:			
Can we improve our system to avoid these situations in the future:			

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

Signed: Date: / /

Canberra College of Management and Technology, a business name of Bhairav Baba Pty Ltd
L2, 15 Barry Drive, Turner, ACT 2612 | L3, 16-22 Wentworth Avenue, Surry Hills, NSW 2010 | ABN: 79 639 129 454 | CRICOS: 3880E | RTO: 45648
www.ccmtcollege.edu.au | info@ccmtcollege.edu.au | Phone: 02 9188 1733

COMPLAINTS FORM

Canberra College of Management and Technology Action			
Action to be taken:			
CI Register No:		To be followed up by:	
Sign:		Date:	

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