RTO No. 46394

Complaint Management Form

Surname:		**Title:**	
First Given Name:			
Contact Number/ Email:			
Course title:			
Trainer / Assessor:			
Date of occurrence:			
Reason for your submission: (Provide a clear description of the issue)			
Occurrences leading up to this submission: (Include dates, interactions, and any relevant details)			
What outcomes are you seeking or expect: (What resolution are you expecting?)			
Can we improve our system to avoid these situations in the future:			

Important Information and Privacy Notice

- All complaints are treated confidentially and fairly

- Complaints will be acknowledged and assessed in a timely manner
- You will be informed of the outcome in writing
- You have the right to access the Complaints and Appeals process if you are not satisfied with the outcome
- SDG College Pty Ltd ensures that all complainants are treated fairly and will not be disadvantaged or subject to any form of victimisation as a result of lodging a complaint in good faith.

All information provided will be handled in accordance with applicable privacy legislation and used only for the purpose of managing this complaint. Complaints will be managed in accordance with the organisation's Complaints Management Policy and Procedure.

Declaration

I confirm that the information provided is true and correct to the best of my knowledge.

Signature	
Date	

SDG College's Action	
Action to be taken:	
CI Register No:	To be followed up by:
Sign:	Date: