

**COMPLAINT FORM – CBD COLLEGE**

PLEASE SAVE A BLANK COPY OF THIS FORM TO YOUR COMPUTER **BEFORE** ENTERING ANY DATA.

<b>Title:</b>		<b>Full name:</b>				
<b>Address:</b>						
<b>Suburb:</b>		<b>State:</b>		<b>Postcode:</b>		
<b>Telephone:</b>			<b>Mobile:</b>			
<b>Email:</b>						

<b>Course details:</b>			
<b>Course Name:</b>			
<b>Location:</b>		<b>Date course commenced:</b>	

<b>Complaint details:</b>				
<b>Have you discussed your matter with a staff member::</b>	<b>YES</b>		<b>NO</b>	
<b>If YES, when (Date):</b>				
<b>Staff member name:</b>				

**Please provide details of the complaint and the outcome you are seeking.**

Will you be providing additional information?    Yes        No   

If Yes, please provide details:

**SIGNATURE** - If you do not use the electronic signature function please print, sign by hand and send.

<b>Date:</b>		<b>Signature:</b>	
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**Privacy Notice:** The information provided on this form will be used by CBD College to follow up your complaint. The provision of this information is voluntary. It will be stored securely. In no way will you be discriminated against or have your assessment prejudiced by virtue of this complaint being lodged.

Following completion of an investigation, the CBD College Complaints Form will be emailed back to the complainant containing a written outcome provided by the National Training Manager. Please email this form to;

National Training Manager: Mark Diamond [mark@cbdcollege.com.au](mailto:mark@cbdcollege.com.au)

**CBD OFFICE USE ONLY – INVESTIGATION & RESPONSE**

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<b>Name:</b>			
<b>Signature:</b>		<b>Date:</b>	