



Complaint Form

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

Name:

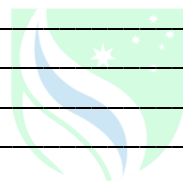
Phone:

Date:

Details of Complaint. Tick where applicable.

- | | | | | |
|--|---|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Training | <input type="checkbox"/> Assessment | <input type="checkbox"/> Facilities | <input type="checkbox"/> Resources | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Student Service | <input type="checkbox"/> Training Service | <input type="checkbox"/> Treatment | <input type="checkbox"/> System | <input type="checkbox"/> Agent |

Details of Complaint:



**MELBOURNE
Metro College**
Learn. Grow. Become | RTO NO: 52791 | CRICOS Code: 03833C

What action or response would you like to be done to resolve the complaint?

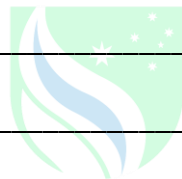


Details of Actions Taken to resolve Complaint (To be completed by Melbourne Metro College).

Staff Person Name:

Date:

Detail the response or actions Melbourne Metro College has taken to resolve the complaint.



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MMC Representative:

(Signature)

Date:



Office use only

Application Received By	Name:	Signature:	Date:
Action Taken By	Name:	Signature:	Date:

