

COMPLAINTS AND SUGGESTIONS FORM



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All students, supervisors, employers and other persons have the opportunity to register any complaints and suggestions they may have regarding the quality of the academic, administrative and support services that are provided by International Child Care College.

Name: _____ Workplace: _____
Email: _____ Phone: _____
I am a: <input type="checkbox"/> Student <input type="checkbox"/> Supervisor <input type="checkbox"/> Employer <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____
I have a: <input type="checkbox"/> Complaint <input type="checkbox"/> Suggestion <input type="checkbox"/> Other: _____
Nature of Complaint/Suggestions:
What is your preferred outcome?
Signed: _____ Date Submitted: ____/____/____
Office Use Only
Date received: ____/____/____ Actioned by:
Recommended Actions: