

1. Your details

Family Name: _____ Given names: _____

Address: _____

Preferred contact phone no : _____

Email address: _____

2. Are you a/an: (please tick)

Student (Student no): _____ Potential/future student

Parent/Care giver (Student name): _____

Commercial Customer Employer of DEC Students Staff

Other (please specify): _____

3. Is the complaint about events at: (please tick and provide details)

A Sydney Institute campus: _____ Course: _____

Other: _____

4. Have you discussed the matter with a staff member:

Yes No – Go to Step 5

If yes, when? _____ Who dealt with the matter? _____

5. Please provide details in the box below of the complaint, and the outcomes you are seeking:
(You may wish to attached further information or additional pages)

Signature: _____

Date: ____/____/____

Please send to **SI.complaints@tafensw.edu.au**, or TAFE NSW Sydney Institute, PO Box 707, Broadway NSW 2007

Privacy Notice: The information provided on this form will be used by Sydney TAFE to action your complaint. The information may be provided to the ICAC or the Ombudsman, or to the police for law enforcement purposes. The provision of this information is voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the person to whom you submit this form.

Complaint form additional page/s