

Australian International College Pty Ltd (Trading as: Australian International College) ABN No: 17 122 041 267

RTO No: 41215: CRICOS Provider Code: 03456K

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STUDENT COMPLAINT FORM

STUDENT DETAILS						
Student Number:						
Family Name:	Given Name:					
Telephone:						
Email:						
COMPLAINTS DETAILS						
☐ Trainari	,	Diagra pro	م مامنی			
	(Please provide name)					
	(Please provide name)					
	(Please specify)					
☐ Other						
Complaint reasons:						
(Please outline the reason for your a	ppeal and attach any evidence to s	support your a	appeal.)			
	I certify that the information	nrovided is	true ar	nd correct to the	hest	of my
Student Signature:	knowledge.	i provided is	, truc ur	ia correct to the	ocst	OI III y
	Signature:			Date:	_/_	/
	0					
OFFICE USE ONLY						
Receiving staff member:				iving Date:		
Action Plan						
Action require		Timeframe		Responsibility		Due Date
Outcome of the Action Plan						
Authorised by:				Data		/