



National Provider No **45067**

## **Complaints Form**

### Section One A

(to be completed by participant)

Complainant's name .....

Address .....

Phone .....

Nature of complaint .....

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Signature of Complainant ..... Date .....

Acknowledgment sent via email ☐ copy email attached ☐

### Section Two

(To be completed by Australian College of Business Skills representative if outcome is reached)...

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Signature of Representative ..... Date .....

Position.....

### Section Three

(to be completed by representative of arbitrating body if complaint is taken to this level)

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Signature of Arbitrating Body Representative .....

Position.....

Should the issue take more than sixty (60) calendar days to resolve, Australian College of Business Skills will inform the complainant in writing, including reasons why more than 60 calendar days are required, and will regularly update the complainant on the progress of the matter in the space below