INSTITUTE OF MANAGEMENT AND TRADE
RTO No: 45905 Cricos Provider no: 04052M

FORMAL COMPLAINT FORM

Date Complaint Submitted:		
Complainant Name:		
Student ID:		
Phone Contact:		
Email:		
Attempt to resolve before Formal Complaint?	**YES / NO**	Who was your Contact at the College:

Detail of Formal Complaint:		
What is your Desired Outcome?		
IOMT Acknowledge Formal Complaint by:		**Date:**
Outcome of Complaint:		
Continuous Improvement Opportunity:		
Complaints Register Entry:	**By whom:**	**Date:**