## Sydney International Academy Pty. Ltd t/a Australian Centre of English

Level 2, Hyde Park Plaza Hotel, 38 College Street, Darlinghurst, NSW 2010;

PO Box 41 Darlinghurst, NSW 1300 ABN: 17 121 012 940

Tel: +61(0)2 8959 2717 Email: admin@ace.nsw.edu.au www.ace.nsw.edu.au CRICOS Provider Code: 02871C



STUDENT COMPLAINT FORM				
CTUDENT DETAILS				
STUDENT DETAILS Student Number:				
		Civon Nam	01	
Family Name:	Given Name:			
Telephone: Email:				
COMPLAINTS DETAILS				
COMPEANTS DETAILS				
☐ Trainer:	(Please provide name)			
☐ Staff member:	(Please provide name)			
☐ Services:	(Please specify)			
☐ Other				
Complaint reasons: (Please outline the reason for your appea	I and attach any evidence to supp	ort your appeal.)		
,		ore year. appearing		
	I certify that the information provided is true and correct to the best of my knowledge.			
Student Signature:				
	Signature:		Date://	
OFFICE USE ONLY				
Receiving staff member:			iving Date:	
	Action			
Action require		Timeframe	Responsibility	Due Date
Outcome of the Action Plan				
Authorised by:			Date: /	/