

**Queensland College of Music Pty Ltd**

RTO 40821

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| **Complaints and Grievances Form** | | |
| Please complete this form to lodge a formal complaint.  We value your feedback and aim to resolve your complaint within 10 days. | | |
| **Contact Details** | | |
| **Name:** |  | |
| **Email:** |  | **Phone:** |
| **Details/cause of complaint/grievance** | | |
|  | | |
| **Complainant Signature:** |  | |
| **Date:** |  | |
| Please complete this form and email to: [admin@qcm.qld.edu.au](mailto:admin@qcm.qld.edu.au) | | |

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| --- | --- | --- | --- | --- | --- |
| **OFFICE USE** | | | | | |
| **Date Received:** |  | **Complaint ID:** | |  | |
| **Accepted By:** |  | **Position:** | |  | |
| **Action Taken:** |  | | | | |
| **Resolution:** |  | | | | |
| **Complainant has been notified of receipt?** | | | | ❏ Yes | ❏ No |
| **Complainant has been sent a written statement of actions taken?** | | | | ❏ Yes | ❏ No |
| **Complaint has been added to the Complaints Register?** | | | | ❏ Yes | ❏ No |
| **Complaint was referred to a third party for resolution?** | | | | ❏ Yes | ❏ No |
| **Date complaint was resolved:** | | | |  | |
| **CEO Signature:** |  | | **Date:** |  | |