## **AUSTRALIAN AGRICULTURAL TRAINING**

## **Complaints, Suggestions and Feedback**



| Your feedback is important to us. The use of this form is optional – you may prefer to make contact by phone, email, by |                           |  |
|---|---------------------------|--|
| letter or in person.  |                           |  |
| Family Name:  | Given Name/s:             |  |
|   | -                         |  |
| Address:  | Town:                     |  |
| Telephone:  | Post Code: Email Address: |  |
| Culturiarian Data:  | Signature                 |  |
| Submission Date:  | Signature:                |  |
| Are you a:  |                           |  |
| ☐ Student (Student number) ☐ Employer of AAT students   |                           |  |
| ☐ Parent or Caregiver (name of student)   |                           |  |
| ☐ Staff member ☐ Other (please specify)   |                           |  |
|   |                           |  |
| Please indicate what you would like to do:  |                           |  |
| ☐ Complaint ☐ Suggestion or compliment ☐ Other – Please specify   |                           |  |
|   |                           |  |
| Complaint   |                           |  |
| Please give details of your complaint (you may wish to attach further documentation)                                    |                           |  |
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|   |                           |  |

| Have you discussed your matter with a staff member? ☐ Yes ☐ No  |  |  |
|---|--|--|
| If yes, please indicate who dealt with the matter?  |  |  |
| What was the result?  |  |  |
|   |  |  |
|   |  |  |
| If you are seeking a particular outcome, please give details (you may wish to attach further documentation) |  |  |
|   |  |  |
|   |  |  |
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|   |  |  |
| Your complaint will be handled via Australian Agricultural Training Complaint Handling Policy.              |  |  |
| Suggestions or Compliments  |  |  |
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| Other Feedback  |  |  |
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## Please return completed form to:

Business Manager Australian Agricultural Training 15 Colony Crescent Dubbo NSW 2830

Or email to: <a href="mailto:phillipward-aat@bigpond.com">phillipward-aat@bigpond.com</a>

Suggestions and compliments will be forwarded to relevant staff to allow appropriate action to be taken.

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## Office Use Only:

| Date received:                                     |
|--|
| Date received.                                     |
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|  |
| Attachments were supplied: Yes No                  |
| ••   |
|  |
| Recorded in Complaints and Appeals Registry. Date: |
| Recorded in Complaints and Appeals Registry. Date. |
|  |
|  |
| Business Manager Signature:                        |
| Business Wanager Signature.                        |