

Training Masters Pty Ltd RTO ID: 41479 CRICOS Code: 03510J ABN: 72 611 635 128 T: 02 8278 7722 E: admissions@tm.nsw.edu.au

E: admissions@tm.nsw.edu.au W: www.tm.nsw.edu.au Level 5, 338 Pitt Street, Sydney NSW 2000

	Complaints Form	
Name		
Student id		
Contact Details	Phone:	
	Address: Email Address:	
	Liliali Address.	
Details of Complaint. Tick where applicable (you can select multiple).		
\square Training \square Assessment \square Resources \square Training Service \square Facilities		
☐ Equipment ☐ Student Service ☐ Agent ☐ System ☐ Others		
 Please outline the reasons for your complaint or appeal in as much detail as possible. You may attach additional pages and supporting information as needed. 		
2. Which unit and	or task does this appeal in relation to? (For assessment appeals only)	
3. Are there particular staff members of <organisation> who may need to be involved in the investigation of this complaint or appeal and in what way?</organisation>		
4. What are outcomes are you seeking or expect?		
5. How can we improve our system to avoid these situations in the future?		



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Student declara	tion:	
By signing this fo	orm, I certify that the information provided is true and correct.	
Signed:	Date://	
Office use only (Application Processed By)		
	Office use only (Application Frocessed By)	
Name	Signature:	
Signature	Date	