



## Grievance Form

### FORM TO BE USED FOR:

- General Complaints

*Processing time is 20 working days from the date of receipt.*

### Important Information:

- Any complaints must be made in writing, using this form.
- Before your form will be considered, you must complete all the sections below and attach documents (if any) relevant to your grievance.  
If you change your address during the period, please contact us to ensure your address details are updated for future correspondence.

### Checklist

I have indicated the grounds for complaints and addressed these in my submission.

I have attached copies of all my supporting documentation.

### Personal Details

Family Name:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Given Name:		Date of Birth:	
Address:			Post Code:
Phone No:	Mobile:		
Email:			

### Details of Complaint

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RTO CODE: 21588

**The Health Arts College Pty Ltd**

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E: [study@thacollege.edu.au](mailto:study@thacollege.edu.au)

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**Declaration:**

I declare the information provided on this form is accurate and I have read and understood the information regarding the complaints process of The Health Arts College Pty Ltd

**Name:**

**Signature**

**Date:** / /

**Office Use**

**Outcome:**  **Approved**  **Not Approved**

**Comments: (if Applicable)**

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.....

**Processed By**

**Signature:**

**Date:** / /