



Reference Number

Part of **TAFE** NSW

\_\_\_\_\_

**1. Your Details**

Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone no. (H): \_\_\_\_\_ Work: \_\_\_\_\_ Mob: \_\_\_\_\_

Fax number: \_\_\_\_\_ Email address: \_\_\_\_\_

**2. Are you a: (please tick)**

Student (student no.) \_\_\_\_\_ Parent or Caregiver (name of student) : \_\_\_\_\_

Commercial Customer      Employer of DEC Students      Staff      Future Student

Other (please specify): \_\_\_\_\_

**3. Is the complaint about events at: (please tick and give details)**

A TAFE Institute or Campus: \_\_\_\_\_ Course: \_\_\_\_\_

Another DEC Location: \_\_\_\_\_

**4. Have you discussed your matter with a staff member?**

Yes      No – Go to step 5

If yes, when? \_\_\_\_\_ Who dealt with the matter? \_\_\_\_\_

What was the result? \_\_\_\_\_

**5. Please give details in the box below of the complaint and the outcome you are seeking.**

*(You may wish to attach further documentation.)*

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Mail this form or hand it in at your TAFE Institute, campus main office or other DEC location**

**Privacy Notice:** The information provided on this form will be used by NSI to follow up your complaint. The information may be provided by DEC to the ICAC or the Ombudsman who monitors the services provided by DEC, or to the police for law enforcement purposes. The provision of this information is voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the person to whom you submit this form.