



# Psychosomatic Therapy College

## Students Complaints Form

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### PERSONAL DETAILS

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Title

Student Number

First Name

Last Name

Email

Contact Number

Trainer & Assessor

Are you currently enrolled as a Psychosomatic Therapy College student?

Yes

No

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Nature of the complaint\*

*Please indicate the type of complaint you wish to make*

- Treatment as a student
- Quality or deliver of a service provided by the College
- Conduct of a College staff member (including trainers) or other student(s)

Outcome/s sought \*

- Receiving an apology
- Correcting an error or a record
- Improving existing services and processes



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### Complaint\*

*Concisely list your issues of concern in the box below*

Please include:

Names and roles of all persons involved (if known)

Dates when incident(s) occurred (if known)

Any other factual details you deem relevant

You may upload supporting documentation (see below)



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## Students Complaints Form

### Group complaints

*Please provide details for each additional student*

As first complainant, I acknowledge that all students have given their permission for their details to be included in this complaint and I confirm that we all seek the same outcome.

Title

Student Number

First Name

Last Name

Email

Title

Student Number

First Name

Last Name

Email

Title

Student Number

First Name

Last Name

Email



# Psychosomatic Therapy College

## Students Complaints Form

### Student declaration \*

I understand that if I am still dissatisfied with the College's handling of my complaint I may refer the matter to the Queensland Ombudsman

The information in this complaint form is true to the best of my knowledge and I agree to have my complaint resolved by the College in accordance with the Student Complaints Policy and the Student Complaints Procedures.

### Privacy \*

*Your privacy is important to us. Information you supply will be handled strictly in accordance with our Privacy Plan.*

I have read and accept the conditions outlined in the privacy plan

Signature

Date

Please save with the following extension: yournamecomplaintsform.pdf and forward to the College Administration office at [admin@aibmpt.com.au](mailto:admin@aibmpt.com.au) along with any other supporting documentation.