

North Ringwood Community House Inc

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ABN: 78 052 679 939
Registered Training Organisation: 6434



Complaints Form

Complaint Name: _____ Date: _____

Email: _____ Phone: _____

Address: _____

Course: _____

Complaint

Nature of Complaint: _____

Agreed Resolution: _____

Date of Resolution: _____ OR Mediator Required: (YES/NO): _____

Complainant Signature:		Date:
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Staff Name:		
Staff Signature:		Date: