

## FEEDBACK, COMPLAINTS & COMPLIMENTS FORM

At South West TAFE we appreciate the requests and feedback you give us. This enables us to assess the information we are providing and ensure that it meets your needs.

## Please complete the following information regarding your feedback

Date:					
I would like to pas Compliment	s on: Comment	Suggestion	Complaint		
I am a: Student	Support Staff	Teacher	Employer		
Other - please provide details:					
Campus: Warrnambool	Hamilton	Portland	Sherwood		
Colac Feedback:					
A possible outcome:					
Contact details (Optional)* Your contact details may be required for us to act on your feedback.					
Name					
©					
Return the completed	form to				

POSTAL ADDRESS:

Email: feedback@swtafe.edu.au

Post: Attention: Risk Audit & Compliance Manager

Feedback Box: A Collection Box is located at the Front Reception at each Campus.

PO BOX 674 WARRNAMBOOL VIC 3280 AUSTRALIA ABN: 76 750 969 979 | TAFE: 3120

## **OFFICE USE ONLY**

Date Received	Feedback #	
Date of Acknowledgement	Forwarded to	
	Department	
	Location	
Closure Date		
Further Action required		

