

ABN: 52 619 783 309
E: admissions@ashley.nsw.edu.au
W: www.ashley.nsw.edu.au
Level 2, 16-22 Wentworth Avenue
Surry Hills NSW 2010
T: 02 9994 0882

Complaint Form

This form is to be used by any party who wishes to make a formal complaint to Ashley English Language Institute in writing.

Name:						
Phone:						
Date:						
Details of Complaint. Tick where applicable.						
☐ Training ☐ Equipment	☐ Assessment	☐ Facilities	☐ Resources			
☐ Student Service	☐ Training Service	☐ Treatment	☐ System	☐ Agent		
Details of Complain	t:					
What action or resp	oonse would you like t	o be done to resolv	e the complaint?			
_						
_						



ABN: 52 619 783 309 E: admissions@ashley.nsw.edu.au W: www.ashley.nsw.edu.au Level 2, 16-22 Wentworth Avenue Surry Hills NSW 2010 T: 02 9994 0882

	_
	_
	_
ails of Actions Taken to resolve Complaint (To be completed by Ashley English Language	
titute).	
•	
ff Person Name:	
e:	
	_
ail the response or actions Ashley English Language Institute has taken to resolve the	
ail the response or actions Ashley English Language Institute has taken to resolve the	
ail the response or actions Ashley English Language Institute has taken to resolve the nplaint.	
	_
	_
	_
	_
	_
	_
	_
	_
	_
	_
	_



ABN: 52 619 783 309
E: admissions@ashley.nsw.edu.au
W: www.ashley.nsw.edu.au
Level 2, 16-22 Wentworth Avenue
Surry Hills NSW 2010
T: 02 9994 0882

AELI Representative:	
(Signature)	
Date:	
-	

Office use only					
Application Received By	Name:	Signature:	Date:		
Action Taken By	Name:	Signature:	Date:		