

Student Complaint Form

Student Details

Family Name:		Student Number:	
Given Names:			
Course Name:		Course Code:	

Contact Details

Residential Address:			
Postal Address:			
Phone:		Mobile:	
Email:			

Reason

Reason for Complaint:	<input type="checkbox"/> General	<input type="checkbox"/> Assessment	<input type="checkbox"/> Other
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Please state the nature of your complaint including dates, times and other people involved:

Expected resolution date (have 20 days to appeal internal processes): _____

Student signature:		Date:	
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OFFICE USE ONLY

Date Received:		Initial:	
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College Response to Complaint

This form is to be used when we have received either a formal or an informal complaint from a student. If the complaint is received verbally this form must still be completed by the College representative to enable continuous improvement on the overall complaints process.

The student is to be interviewed within 5 days if possible and a copy filed in their file. They are to be provided with a written statement of the outcome including the reasons given as below.

Action Taken

Further Improvements/Actions Recommended

Manager Signature:		Date:	
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OFFICE USE ONLY	
<input type="checkbox"/>	Student informed of complaint outcome
<input type="checkbox"/>	Complaint register update
<input type="checkbox"/>	Document saved to student file
<input type="checkbox"/>	Notes recorded in student management system