



STUDENT COMPLAINT FORM

STUDENT DETAILS	
Student Number:	
Family Name:	Given Name:
Telephone:	
Email:	

COMPLAINTS DETAILS
<input type="checkbox"/> Trainer: _____ (Please provide name) <input type="checkbox"/> Staff member: _____ (Please provide name) <input type="checkbox"/> Services: _____ (Please specify) <input type="checkbox"/> Other

Complaint reasons:
(Please outline the reason for your appeal and attach any evidence to support your appeal.)

Student Signature:	I certify that the information provided is true and correct to the best of my knowledge. Signature: _____ Date: ____ / ____ / ____
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OFFICE USE ONLY

Receiving staff member:		Receiving Date:	
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Action Plan			
Action require	Timeframe	Responsibility	Due Date

Outcome of the Action Plan	

Authorised by:	Date: ____ / ____ / ____
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