



STUDENT COMPLAINT FORM

STUDENT DETAILS

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

COMPLAINTS DETAILS

- Trainer: _____ (Please provide name)
 Staff member: _____ (Please provide name)
 Services: _____ (Please specify)
 Other

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

I certify that the information provided is true and correct to the best of my knowledge.

Student Signature: _____ Signature: _____ Date: ____ / ____ / ____

OFFICE USE ONLY

Receiving staff member:		Receiving Date:	
Action Plan			
Action require	Timeframe	Responsibility	Due Date
Outcome of the Action Plan			
Authorised by:	Date: ____ / ____ / ____		