

Complaints Form

Please advise which of the following you are by ticking the appropriate box:		
The Complainant		
The Complainant's Representative		
Name:		
Complainant Name:		
Email:		
Telephone:		
Complaint Details		
Statement of the circumstances and facts surrounding the complaint		
Please list and attach copies of any additional supporting documents, material, or written statements regarding this complaint.		
What outcome would the complainant like to see as a result of the complaint?		
Outline of the reason why the complainant is dissatisfied with the outcome of the informal stage of the complaint		
Any other comments?		
Signature		
Date		



FOR OFFICE USE ONLY	
Complainant Name:	
Email:	
Year:	
Course:	
Informal complaint	
Date received	
Date responded	
Formal Complaint	
Date received	
Date responded	
Personnel dealing with complaint	
Action	
Response to complainant	

