



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: ____ / ____ / ____

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