

STUDENT COMPLAINT FORM

Please submit directly to Reception or Administration Department. It may take up to 14 working days to review the complaint from the date of submission

STUDENT DETAILS (Optional):

First Name:		Family Name:	
Student ID:		Contact Number:	
Address:			
Email Address:			
Course Name:			

COMPLAINT DESCRIPTION:

I request the college to address the following issue (please select):			
<input type="radio"/> Academic <input type="radio"/> Financial <input type="radio"/> Personal <input type="radio"/> Procedural <input type="radio"/> Other: _____			
Location of issue (if appropriate):			
Date:	/	/	Time:
Briefly describe the issue:	<i>(Attached separate sheet if required)</i>		

STUDENT DECLARATION:

I declare that all the information I have given above is correct and complete.

Student Signature: _____ Date: ___/___/___

OFFICE USE ONLY					
Received By:		Signature:		Date:	/ /
Issue discussed with (staff name):				Date:	/ /
Action taken:					
Resolved:	<input type="radio"/> Yes	<input type="radio"/> No	Refer to:		Date: / /
Updated:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		Date: / /