



# STUDENT COMPLAINT FORM

Please submit directly to Reception or Administration Department. It may take up to 10 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:

<b>I request the college to address the following issue (please select):</b>			
<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:	(Attached separate sheet if required)		

## 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:		
Principal Review:				Date:	/ /
Record Update:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	Date:	/ /