



# Student Complaint Form

## Version Control

<b>Date authorised</b>	27/10/2016	<b>Next Review</b>	27/10/2018
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### Directions

This form needs to be completed with adherence with the Complaints and Appeals Policy and Procedure

Family Name:		Given Name:	
Course Name:			
Contact Phone Number:		Email:	
General Complaint:	<input type="checkbox"/>	Assessment Appeal:	<input type="checkbox"/>
Please state the nature of your complaint or appeal including dates, time and other people involved:			

Expected resolution date:	____/____/20
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Student Signature		Date:	____/____/20
Compliance Manager		Date:	____/____/20