



Student Complaint Form

PERSONAL DETAILS

Please complete using blue or black ink

TITLE	FAMILY NAME	GIVEN NAMES
CONTACT NUMBER		STUDENT NUMBER
PROGRAM NAME		PROGRAM CODE
SCHOOL	DATE OF BIRTH (DD/MM/YY)	
ACADEMIC CAREER	<input type="checkbox"/> Prep	<input type="checkbox"/> TAFE
	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate
	<input type="checkbox"/> Research	
Are you an international student?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

This form may be filled in and lodged with your academic portfolio, school or department office.

Please provide an accurate statement of the matter you wish to have resolved and the steps you have taken to try to resolve the matter. Attach extra pages as necessary.

Describe your complaint.

What have you done to try to resolve the complaint?

What outcome are you seeking? Do you have a suggested remedy for the problem?

Student Signature

Date (DD/MM/YY)

Office use only

Received by: _____ Date (DD/MM/YY)

Complaint referred to: _____ Date (DD/MM/YY)

Office use only date stamp