

Complaints Form	
<b>Name</b>	
<b>Student id</b>	
<b>Contact Details</b>	Phone: Address: Email Address:
<b>Details of Complaint. Tick where applicable (you can select multiple).</b>	
<input type="checkbox"/> Training <input type="checkbox"/> Assessment <input type="checkbox"/> Resources <input type="checkbox"/> Training Service <input type="checkbox"/> Facilities <input type="checkbox"/> Equipment <input type="checkbox"/> Student Service <input type="checkbox"/> Agent <input type="checkbox"/> System <input type="checkbox"/> Others.....	
1. Please outline the reasons for your complaint or appeal in as much detail as possible. You may attach additional pages and supporting information as needed.	
2. Which unit and/or task does this appeal in relation to? (For assessment appeals only)	
3. Are there particular staff members of <Organisation> who may need to be involved in the investigation of this complaint or appeal and in what way?	
4. What are outcomes are you seeking or expect?	
5. How can we improve our system to avoid these situations in the future?	

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**Student declaration:**

By signing this form, I certify that the information provided is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Office use only (Application Processed By)</b>			
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<b>Name</b>		<b>Signature:</b>	
<b>Signature</b>		<b>Date</b>	