



STUDENT COMPLAINT FORM

STUDENT DETAILS

Student Number:			
Family Name:		Given Name:	
Telephone:			
Email:			

COMPLAINTS DETAILS

Trainer: _____ (Please provide name)
 Staff member: _____ (Please provide name)
 Services: _____ (Please specify)
 Other

Complaint reasons:
(Please explain your complaint/s and attach any evidence to support your complaint/s.)

Student Signature:	I certify that the information provided is true and correct to the best of my knowledge.
	Signature: _____ Date: ____ / ____ / ____

OFFICE USE ONLY

Receiving staff member:		Receiving Date:	
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Action Plan			
Action require	Timeframe	Responsibility	Due Date

Outcome of the Action Plan

Authorised by:	_____	Date: ____ / ____
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