



Complaint, Grievance or Appeal Form

Complaint <small>(Tick if applicable)</small>	Grievance <small>(Tick if applicable)</small>	Appeal <small>(Tick if applicable)</small>	
Student Name			
Student ID		Date	
Address			
Postcode		Contact telephone Number	
Details of Complaint, Grievance or Appeal: <small>(Include Date, Time, Location)</small> 			
Any other persons involved:	Yes	No	Who: (Name, Contact details)
Were there any people injured?	Yes	No	If Yes: Please describe-
Was there any property damage?	Yes	No	If Yes: Please describe-
Were there any witnesses	Yes	No	If Yes: Names and contact details
What action do you propose for the College to take that would be acceptable to you to resolve the issue? (If no mutually acceptable action can be agreed to resolve the complaint write 'No Agreement')			

Complainant <small>(Signature)</small>		Authorised Officer <small>(Signature)</small>	
RTO Representative <small>(Signature)</small>		Position	
Date		Date	