

COMPLAINTS AND GRIEVANCES FORM

1. PERSONAL DETAILS			
Name:		Student ID:	
Address:			
Phone:			
Email:		DOB:	
2. COMPLAINT OR GRIEVANCE			
Nature of complaint:			
Complaint discussed with Lecturer/Manager:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes – to whom complaint was reported to:			
Complaint or Grievance:			
3. SIGNATURES			
Student signature:		Date:	
Guardian Signature (if student is under 18 years of age):		Date:	
Guardian Name:			

COLLEGE OFFICE USE ONLY - (this section)

Received by (staff member):		Date:	
Reply to student provided by:		Date:	
Action taken:			
Documented on aXcelerate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student interview arranged:	<input type="checkbox"/> Yes <input type="checkbox"/> No