

# Complaint Form (Formal)

This form should be used in conjunction with the **Complaints Policy** (available on <http://curtincollege.edu.au/about-curtin-college/policies-procedures/> )

## SECTION 1 – YOUR DETAILS

<b>Title:</b>	Mr / Ms / Mrs / Miss / Dr (please circle)
<b>Surname:</b>	
<b>Given Names:</b>	
<b>Student ID No.</b> If applicable	
<b>Telephone:</b>	Home: Mobile:
<b>Email:</b>	
<b>Would you like a copy of your complaint?</b>	YES / NO
<b>Are you making the complaint on behalf of some one else?</b>	YES / NO If Yes, what is your relationship to that person: _____ _____ _____

## SECTION 2 – NATURE OF COMPLAINT (please select from the list below):

- Academic Complaints**
  - Curriculum content and its delivery
  - Teaching Staff
  - Class timetabling and exam timetabling matters
  - Exam procedures
  
- General (Non-Academic) Complaints**
  - Customer services and administration
  - Refusing admission to a course or cancellation of enrolment
  - Refusing to issue a Letter of Release.
  - Marketing and information
  - Facilities
  - Fees and finance related matters
  - Pastoral Care (Welfare)
  
- Other:**

Please turn page



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## SECTION 5 – WHAT OUTCOME ARE YOU SEEKING?


## SECTION 6 – DECLARATION

- Yes  No  I have read the **Complaints Policy** on the College’s website. [www.curtincollege.edu.au](http://www.curtincollege.edu.au)
- Yes  No  I understand my obligations as outlined in the **Complaints Policy**.
- Yes  No  I understand that I will receive the outcome of my complaint in writing within 10 working days of submitting the complaint.

## COMPLAINANT’S SIGNATURE

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## DIRECTOR QUALITY & STUDENT SERVICES / ACADEMIC DIRECTOR SIGNATURE

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Internal Use Only – Action taken and outcome:

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