

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

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|---|--|
| Title: | Mr / Ms / Mrs / Miss / Dr (please circle) |
| Surname: | |
| Given Names: | |
| Student ID No. If applicable | |
| Telephone: | Home: Mobile: |
| Email: | |
| Would you like a copy of your complaint? | YES / NO |
| Are you making the complaint on behalf of some one else? | 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
 - Class timetabling and exam timetabling matters
 - Exam procedures
 - Teaching Staff

- General (Non-Academic) Complaints**
 - Agent Misrepresentation of College and/or programs
 - Customer services and administration
 - Facilities
 - Fees and finance related matters
 - Marketing and information
 - Refusing admission to a course or cancellation of enrolment
 - Refusal to Release
 - Administration Staff
 - Wellbeing (Pastoral care)

Other:

Please turn page

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SECTION 5 – WHAT OUTCOME ARE YOU SEEKING?

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SECTION 6 – DECLARATION

- Yes No I have read the **Complaints Policy** on the College’s website. 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 (or NOMINEE) / ACADEMIC DIRECTOR (or NOMINEE)

Name _____

Signature _____

Date _____

Internal Use Only – Action taken and outcome:

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