



COMPLAINTS FORM

THIS FORM SHOULD BE READ IN CONJUNCTION WITH THE FOLLOWING DOCUMENTS

- **THE COMPLAINTS PROCESS**
- **THE STUDENT GRIEVANCE AND MEDIATION POLICY AND PROCEDURE**
- **WORKPLACE GRIEVANCE POLICY.**

This is available on the website at www.top.edu.au

Section 1		My details are	
Title Mr/Mrs/Miss/Ms/Other _____ (Please circle)	Family Name		
First Name			
Date of birth	Student Number		
Address			
Suburb/Town	State	Postcode	
Daytime Phone Number	Mobile Phone		
Email Address			
My preferred contact method is			
My preferred language to communicate with Top Education Institute (TOP) is:			
I am an Aboriginal person	Yes / No	I am Torres Strait Islander	Yes / No
I have a disability / special needs Yes / No <i>(If yes, please specify)</i>			

Section 2 | **My complaint**

Provide a short summary of your complaint. It is useful to include what happened, when it happened and who was involved. If you need more space, please attach a separate page to the back of this complaint form. Please also attach any relevant documents you have.

The main issues I am concerned about are:

As a result of my complaint I want:

I have read the complaints process, Student Mediation and Grievance Policy Yes / No
(If yes, give details below)

I have read and understood the Workplace Grievance Policy **Yes / No**
(If yes, give details below)

Before you send this form, please check that you have:

- included as much relevant information as possible
- given details of the health service provider you are complaining about
- clearly identified your concerns
- attached copies of supporting documents or information. Please do not send original documents.

Name _____ Signed _____