



COMPLAINTS FORM

Top Education Institute | Sydney City School of Law | Sydney City School of Business
CRICOS Code: 02491D | TEQSA PRV: 12059

THIS FORM SHOULD BE READ IN CONJUNCTION WITH THE FOLLOWING DOCUMENTS

1. THE COMPLAINTS PROCESS
2. THE STUDENT GRIEVANCE AND MEDIATION POLICY AND PROCEDURE
3. WORKPLACE GRIEVANCE POLICY

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

Student Contact Information

| 1. Personal Information | | | |
|---|---|--|---|
| TOP Student Number: | | | |
| Family Name: | Given Name/s: | Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. | <input type="checkbox"/> Miss <input type="checkbox"/> Ms. |
| Date of Birth: / / | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | | |
| Telephone (H): | Telephone (W): | Mobile: | |
| Address: | | | |
| Suburb/Town | State: | Postcode: | |
| Email: | | | |
| Preferred Contact Method: | My preferred language to communicate with Top Education Institute is: | | |
| Are you of Aboriginal and/or Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you have a disability/special needs? <input type="checkbox"/> Yes (if yes, please specify below) <input type="checkbox"/> No | | | |
| | | | |

2. 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: <input type="checkbox"/> Yes (if yes, please give details below) <input type="checkbox"/> No |
| |
| I have read and understood the Workplace Grievance Policy: <input type="checkbox"/> Yes (if yes, please give details below) <input type="checkbox"/> No |
| |
| |

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

| | |
|-------------------|---------------------|
| Signature: | Date: / / |
|-------------------|---------------------|