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Sydney Campus: L1 L2 L6, 770 George St, Sydney NSW 2000 Australia
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STUDENT COMPLAINT FORM

Please submit directly to Reception or Administration Department. It may take up to 10 working days to review the complaint from the date of submission

STUDENT DETAILS (Optional):

First Name:		Family Name:	
Student ID:		Contact Number:	
Address:			
Email Address:			
Course Name:			

COMPLAINT DESCRIPTION:

I request the college to address the following issue (please select):			
○ Academic ○ Financial ○ Personal ○ Procedural ○ Other: _____			
Location of issue (if appropriate):			
Date: / /		Time:	
Briefly describe the issue:	*(Attached separate sheet if required)*		

STUDENT DECLARATION:

I declare that all the information I have given above is correct and complete.

Student Signature: _____ Date: ____ /____ /____

OFFICE USE ONLY					
Received By:		Signature:		Date:	/ /
Issue discussed with (staff name):				Date:	/ /
Action taken:					
Resolved:	○ Yes ○ No	Refer to:			
Principal Review:				Date:	/ /
Record Update:	○ Yes ○ No ○ N/A			Date:	/ /