

Complaint Form

Complaint Number: _____ (Office Use Only)

First Name:		Surname:	
Student ID: (If applicable)		Course Name (If applicable)	
Contact Phone Number:			

Before completing this form, please read Intellect's Complaint and Appeals Policy

Please state the nature of your complaint including date, time, place and other people (if any) involved. You must also attach any supporting documents with this form

Details of Complainant (use additional sheets if required)

Persons involved:

Attempts made to resolve the matter informally:

Note:

1. For students - You MUST continue to attend classes until the complaints process is complete
2. This complaints process will commence within 10 working days of the lodgement of this form

Employee/Student Signature:		Date of Lodgment:	
Intellect Staff receiving this form:		Date form received:	

Office Use Only

Expected resolution date _____
(Appeal resolution phase begins within 10 workings days of lodgment of the formal appeal)

Complaint Number: _____

Date of meeting with involved parties: _____

Who attended the meeting (Minimum 2 People should be in the meeting):

1. _____ (Employee/ Student Name)
2. _____ (Employee/ Student Name)
3. _____ (Relevant Staff)
4. _____ (Relevant Staff)

What action has been proposed in relation to the Complaint?
(If required, please complete Corrective Action Record)

Follow up required? Yes / No. (If Yes, what action is proposed)

Signature of Relevant Parties		Date:	
Signature of Relevant Parties		Date:	
Signature of Relevant Staff		Date:	
Signature of Relevant Staff		Date:	
Agreed Action Signature of CEO		Date:	