AUSTRALIA INTERNATIONAL CONSTRUCTION COLLEGE

RTO NUMBER 46035 | CRICOS CODE 04150J

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**Campus:**
L4, 11-15 Deane Street
Burwood, NSW 2134

# STUDENT COMPLAINT FORM

Please submit directly to Reception or Administration Department. It may take up to 5 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: | / / |