



Educating for Excellence

Australian Ideal College

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STUDENT COMPLAINTS FORM

STUDENT DETAILS			
Student Number:			
Family Name:		Given Name	
Mobile:		Email:	
Current Residential Address:			
COMPLAINTS DETAILS			
<input type="checkbox"/> Trainer/ELICOS Teacher: _____ (Please provide name) <input type="checkbox"/> Staff member: _____ (Please provide name) <input type="checkbox"/> Services: _____ (Please specify) <input type="checkbox"/> Other: _____ (Please specify)			
DETAILS OF COMPLAINT:			
(Please describe your complaint(s) in as much detail as possible and attach all evidence)			
Student Signature:	I certify that the information provided is true and correct to the best of my knowledge. _____ Date: ____ / ____ / ____		

OFFICE USE ONLY			
Received by:		Date of Receipt:	
Action Plan			
Actions required	Timeframe	Responsibility	Due Date
Outcome of the Action Plan			
Signature of Compliance Manager:		Date:	