



SOUTHERN GRAMPIANS ADULT EDUCATION

Student Complaint Form

Family name ..... Given name .....

Course name .....

Contact phone numbers Home: ..... Mobile: .....

Please state the nature of your complaint or appeal including dates, times and other people involved.

[ ] General Complaint [ ] Assessment Complaint

Dotted lines for writing the complaint details.

Expected resolution date .....
(Twenty days from the date of lodgement unless otherwise agreed by both parties)

Student signature..... Date .....

Administration Manager..... Date .....