



# Hays International College

CRICOS Number: 02790D Provider Number: 21838

## STUDENT COMPLAINT FORM

(STUDENT TO complete this form in **BLOCK LETTERS**)

**Course code** .....

**Course name** .....

**Family name** .....

**Given names** .....

**Address** .....

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**Contact phone numbers**.....

**Please state the nature of your complaint including dates, times and other people involved (Please attach additional page if required)**

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**Student Signature:** - ..... **Date:** - .....



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(STUDENT TO complete this form in **BLOCK LETTERS**)

**For Office use only:**

Form received by \_\_\_\_\_ Date \_\_\_\_\_

**Outcome of the  
Complaints**

Complaint Resolved Yes / No (Please circle)

Further Action Required Yes / No (Please circle)

Complainant Notified of Outcome by (name) \_\_\_\_\_ Date \_\_\_\_\_

Complaint closed on \_\_\_\_\_

Signature of Responsible Person \_\_\_\_\_

Copy Placed in Student File By \_\_\_\_\_ Date \_\_\_\_\_