



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 _____