



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

.....

Contact phone numbers.....

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Student Signature: - **Date:** -



Hays International College

CRICOS Number: 02790D Provider Number: 21838

STUDENT COMPLAINT FORM

(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 _____