



# COMPLAINT LODGEMENT FORM

(This form may be used by internal including students, staff members)

PERSONAL DETAILS	
Name:	
Contact number:	
Course: (If course related)	
COMPLAINT DETAILS	
Reason for complaint (Please tick)	
<input type="checkbox"/> Staff member <input type="checkbox"/> Services <input type="checkbox"/> Other (Please specify).....	
Outline the nature/circumstances for your complaint:	
Date of event/s:	
Contact details of witnesses:	
PLEASE LIST ANY EVIDENCE YOU WILL BE SUBMITTING WITH YOUR APPLICATION	
WHAT ACTION HAVE YOU TAKEN, IN AN ATTEMPT TO RESOLVE THIS MATTER:	
What action/resolution would you like to see occur/implemented:	

**ACKNOWLEDGEMENT/ PRIVACY**

*All the information provided is true and correct to the best of my knowledge*

Name:

Signature:

Date:

*The information provided on this form will be used to resolve your appeal/complaint. None of the information provided on this form will be disclosed to anyone outside of the AILC without your permission.*

**OFFICE USE ONLY**

Received by staff member: ..... Date: .....

Compliant outcome:

- Successful Date: .....
- Unsuccessful Date: .....
- Compliant recorded in register Date: .....
- Letter/email of acknowledgement sent Date:.....
- Compliant Progress Form used