

COMPLAINTS FORM

THIS FORM SHOULD BE READ IN CONJUNCTION WITH THE FOLLOWING DOCUMENTS:

- a. Student Complaints and Appeals Policy and Procedure
- b. Bullying Harassment and Discrimination Prevention Policy and Procedure
- c. Workplace Grievance Policy & Procedure

The above listed documents are available on the website at www.top.edu.au.

1. Personal Information							
Student Number:							
Family Name:		Given Name/s:		Title	DM		
Date of Birth: / /		Gender: D M D F		□ Mr. □ Mrs.	□ Miss □ Ms.		
Telephone (H):	Tele	Telephone (W): Mobile:					
Address:							
Suburb/Town	State: Postcode:						
Email:							
Preferred Contact Method:	M	y preferred language to communicate with th	e Institute is	:			
Are you of Aboriginal and/or Torres Strait Islander origin?							
Do you have a disability/special needs?							
2. Your complaint							
Provide a short summary of your complaint. It is useful to include what happened, when it happened and who was involved. If you need							
more space, please attach a separate page to the back of this complaint form. Please also attach any relevant documents you have.							
The main issues I am concerned about are:							
As a result of my complaint I want:							

CRICOS Code: 02491D | TEQSA PRV 12059 | Add: Suite 1, Biomedical Building, 1 Central Ave, Eveleigh NSW 2015 Tel: + 61 2 9209 4888 | Fax: + 61 2 9209 4887 | E-mail: as@top.edu.au | Web: www.imc.edu.au Top Education Group Ltd ACN 098 139 176 trading as Australian National Institute of Management and Commerce (IMC) and Top Education Institute (TOP)

I have read the Student Complaints and Appeals Policy and Procedure	e:				
I have read and understood the Workplace Grievance Policy: Yes (if yes, please give details below) No					
Before you send this form, please check that you have:					
 Included as much relevant information as possible Given details of the health service provider you are complaining about Clearly identified your concerns Attached copies of supporting documents or information. Please do not send original documents 					
Signature:	Date: / /				