Australian National Institute of Management and Commerce

Previously known as
Top Education Institute

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.imc.edu.au.

1. Personal Information			
Student Number:			
Family Name:	Given Name/s:	Title ❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.
Date of Birth: / /	Gender: ❑ M ❑ F		
Telephone (H):	Telephone (W):	Mobile:	
Address:			
Suburb/Town	State:	Postcode:	
Email:			
Preferred Contact Method:	My preferred language to communicate with the Institute is:		
Are you of Aboriginal and/or Torres Strait Islander origin? ❑ Yes ❑ No			
Do you have a disability/special needs? ❑ Yes *(if yes, please specify below)* ❑ No			

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:

I have read the Student Complaints and Appeals Policy and Procedure: ❑ Yes (if yes, please give details below) ❑ No
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:** / /