

# Informal Complaint Report

This form is to be completed by the appropriate Manager. Prior to completing this form, please ensure you have read the Institute's Complaints & Appeals Procedure – Students and Community.

1. Complainant Details		
First Name _____	Surname _____	
Address _____		
Phone Number H _____	W _____	M _____
Date of Informal Complaint:            /            /		
2. Is the Complainant a: (Please tick box)		
<input type="checkbox"/> Current Student (Student Id: _____)	<input type="checkbox"/> Parent or Caregiver of student	
<input type="checkbox"/> Future student	<input type="checkbox"/> Other (please specify): _____	
3. Informal Complaint/Allegations (Attach documentation if written)		
_____ _____ _____		
4. Respondent/s (List individuals involved)		
_____ _____ _____		
5. Evidence and Further Information Gathered		
_____ _____		
(Please see over to complete)		

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## 6. Conclusions / Recommendations and Proposed Outcome by Manager

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### Proposed Outcome:

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## 7. Actions Taken (Include any follow up dates)

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## 8. Attachments (Attach any additional information to this form)

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## 9. Report Completed By:

Manager Name:

Manager Position:

Manager Signature:

Date:            /            /

*\* Manager: Please ensure the original copy of this document and all attached documents are forwarded to the Quality & Compliance Unit for inclusion on the Complaints and Appeals Register.*

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