



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:

- | | |
|---|-------------|
| <input type="checkbox"/> Successful | Date: |
| <input type="checkbox"/> Unsuccessful | Date: |
| <input type="checkbox"/> Compliant recorded in register | Date: |
| <input type="checkbox"/> Letter/email of acknowledgement sent | Date:..... |
| <input type="checkbox"/> Compliant Progress Form used | |