

Registered Number



## Complaint, Grievance or Appeal Form

Complaint (Delete if not applicable)		Grievance (Delete if not applicable)		Appeal (Delete if not applicable)	
<b>Name</b>					
<b>Student Number</b>		<b>Date</b>			
<b>Address</b>					
<b>Postcode</b>		<b>Contact Telephone Number</b>			
<b>Details:</b> (Include Date, Time, Location)					
<b>Any other persons involved:</b>	Yes	No	<b>Who:</b> (Name & Contact details)		
<b>Were there any people injured?</b>	Yes	No	<b>If Yes:</b> Please describe-		
<b>Was there any property damage?</b>	Yes	No	<b>If Yes:</b> Please describe-		
<b>Were there any witnesses</b>	Yes	No	<b>If Yes:</b> Names and contact details		
What action do you propose for the RTO to take that would be acceptable to you to resolve the issue?					
(If no mutually acceptable action can be agreed to resolve the complaint write 'No Agreement')					

<b>Complainant</b> (Signature)		<b>Authorised Officer</b> (Signature)	
<b>RTO Representative</b> (Signature)		<b>Position</b>	
<b>Date</b>		<b>Date</b>	

This section is to be removed and given to the Applicant

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The lodgement of this Complaint / Grievance / Appeal is acknowledged by Westminster College and action will be taken as described in our relevant policy.

Westminster College Representative Name and Signature

Date