

A. Complainant Details	
Name:	
Student ID: (If applicable)	
Contact Number:	
Email Address	
Date:	
B. Complaint Details	
Course Code and Title / Service:	
Actions already taken	<p>Have you attempted to resolve this matter informally?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details:</p>
<p>Details:</p> <p>1. Please outline your complaint:</p> <p>2. Why do you think this issue has occurred?</p> <p>3. Please describe the outcome you are seeking.</p>	
Supporting evidence	<p>Please attach any supporting documentation relevant to your complaint or appeal. Examples may include:</p> <p><input type="checkbox"/> Emails <input type="checkbox"/> Assessment Feedback <input type="checkbox"/> Medical Documentation <input type="checkbox"/> Witness Statements</p> <p><input type="checkbox"/> Screenshots <input type="checkbox"/> Other Documents Number of attachments submitted: _____</p>

Signature	
Date:	

C. Complaint Handling - Stella College Representative

Complainant type:	<input type="checkbox"/> Student <input type="checkbox"/> Client <input type="checkbox"/> Other: <input type="checkbox"/> Student Representative <input type="checkbox"/> Staff Member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Trainer
Complaint received by:	<input type="checkbox"/> By telephone <input type="checkbox"/> In person <input type="checkbox"/> Other: <input type="checkbox"/> By email <input type="checkbox"/> By letter / mail
Staff receiving complaint:	Date Received:
Complaint raised against:	<input type="checkbox"/> Stella College <input type="checkbox"/> Student at the Stella College <input type="checkbox"/> Stakeholder <input type="checkbox"/> Staff Member <input type="checkbox"/> Industry Expert <input type="checkbox"/> Trainer
Action taken:	
Continuous Improvement Record raised:	
Actions taken to prevent reoccurrence:	<input type="checkbox"/> Update to course / training product <input type="checkbox"/> Provision of additional information <input type="checkbox"/> Amended system / policy / procedure <input type="checkbox"/> Personnel training conducted <input type="checkbox"/> Personnel support undertaken <input type="checkbox"/> Other:
Written outcome confirmation to complainant:	<input type="checkbox"/> Attached Date:

Stella College Representative name & signature:	Date:
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