



Strictly Confidential

Use this form to lodge a formal complaint about any matter or appeal a decision made in relation to your enrolment or studies.

Enclose the completed form in the envelope provided to ensure confidentiality.

Formal Complaint	Complaint Number: HICCN00 ____ (Office Use Only)
Name of student: _____ Student Number/ID: _____	
Date complaint lodged: ____ / ____ / ____	
Details of Complaint:	

Persons involved:	

Date the complaint occurred: _____	
Attempts made to resolve the matter informally:	

What is your preferred outcome:	

Student signature: _____	

Document Control

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To be completed by Harward

Complaint Number: HICCN00_____ (use this reference number in the follow up – form)

Date of meeting with student: _____

Who attended the meeting (Minimum 2 People should be in the meeting):

1. _____ (Student Name)
2. _____ (Relevant Staff)
3. _____ (Relevant Staff)

What action has been proposed in relation to the Appeal? _____

Should the decision made by Harward earlier be upheld? Yes / No

Rationale: _____

If there any remedial action required by Harward? Yes / No

If Yes, what action is proposed? _____

Follow up required? Yes / No

If Yes, what action is proposed? _____

Signature of Relevant Staff(s) : _____

Dated: _____

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