

CONFIDENTIAL

Student Enquiries & Support

Phone 1800 677 095 **Fax** (08) 8939 7327

Address c/ PO Batchelor NT 0845

Email <u>student.support@batchelor.edu.au</u>

FORMAL STUDENT COMPLAINT FORM

If you require assistance in completing this form, please contact the Student Support Team on the contact details provided. The completed form will be photocopied and you will receive a copy. It will also be recorded by the Complaints Officer; used to track your complaint and used to improve what we do at Batchelor Institute.

SECTION 1 – PERSONAL DETAILS						
Student number		Given names				
Title	Mr	Telephone (including area code)				
Surname		Mobile phone				
Email						
Postal address						
Number & street		Country				
Suburb/town		Preferred contact method/s	☐ Telephone ☐ Mobile ☐ Email ☐ Post			
State						
Postcode						
SECTION 2 – YOUR COMPLAINT						
What is your complaint about?						
☐ Institute staff member/s						
☐ Institute student/s						
☐ Something the Institute has done						
☐ Something the Institute has not done						
Something else e.g. kitchens, classrooms, computers etc.						

This information will be collected, stored and used at Batchelor Institute in accordance with the Information Privacy Principles set out in the Northern Territory Information Act. If you have any queries regarding storage and collection of your information, please refer to the Institute's Privacy Statement at batchelor.edu.au/privacy-statement, or contact the Institute at student.support@batchelor.edu.au or phone (08) 8939 7111.

What happened? Describe the event or action you want to complain about. We need to know what happened, where and when it happened and who was involved. Please give us all the dates and other details you know. You can attach an extra page and supporting evidence if you wish.					
How has this affect	ed you?				
What action would	you like the Institute to take?				
Complainant si	gnature		D	ate	
SECTION 3 – PE	RSON PROVIDING ASSIST	TANCE WITH	LODGING	THIS COMPLAINT	
Complete this section Complainant.	n if you are completing this form o	n behalf of some	eone else or y	you are assisting the	
Name of person assisting the Complainant					
Position	☐ Student ☐ BIITE Staff ☐] Other:			
Address					
Email					
Relationship to complainant					
Telephone (including area code)		Mobile p	hone		
Signature of pe	rson assisting complainant			Date	
SECTION 4- WH	ERE TO SEND YOUR FOR	M IF YOU AF	RE OFF-CA	AMPUS	
If you are off-campus, this form can be posted, faxed or scanned and emailed to Student Support. c/- Post Office BATCHELOR NT 0845					
				UTU	
Batchelor Institute of Indigenous Tertiary Education			Fax to: Student Support (08) 8939 7327		

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Version 3.1

Email to:

student.support@batchelor.edu.au

For enquiries regarding this form, please refer to the contact details located at the top right corner of the first page.

OFFICE USE ONLY	
Received by	Date
Referred to (Manager)	Date
Outcome Store copy of findings in database	
Date Complainant was advised in writing	

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