

STUDENT INCIDENT FORM – FOR STUDENTS

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 a Student Support Officer, used to track the incident(s) and used as supporting documentation should a Formal Student Complaint be lodged.

SECTION 1 – PERSONAL DETAILS

Student number	<input type="text"/>	Given names	<input type="text"/>
Title	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> <input type="checkbox"/> Dr	Telephone (including area code)	<input type="text"/>
Surname	<input type="text"/>	Mobile phone	<input type="text"/>
Email	<input type="text"/>		

Postal address

Number & street or PO Box	<input type="text"/>	Country	<input type="text"/>
Suburb/town	<input type="text"/>	Preferred contact method/s	<input type="checkbox"/> Telephone <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Post
State	<input type="text"/>		
Postcode	<input type="text"/>		

SECTION 2 – THE INCIDENT

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.

Describe the incident you want the Institute to note. 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 affected you?

What action would you like the Institute to take?

Signature of person reporting the incident _____ Date _____

SECTION 3 – PERSON PROVIDING ASSISTANCE WITH LODGING THIS COMPLAINT

Complete this section if you are completing this form on behalf of someone else or you are assisting the person.

Name of person assisting

Position

Student BIITE Staff Other:

Address

Email

Relationship

Telephone
(including area code)

Mobile phone

Signature of person assisting _____ Date _____

SECTION 4– WHERE TO SEND YOUR FORM IF YOU ARE OFF-CAMPUS

If you are off-campus, this form can be posted, faxed or scanned and emailed to Student Support.

Post to:

Student Support
Batchelor Institute of Indigenous Tertiary
Education
c/- Post Office
BATCHELOR NT 0845

Fax to:

Student Support (08) 8939 7327

Email to:

student.support@batchelor.edu.au

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.

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 _____

Outcome
Store copy of findings in
database

Date student advised in writing of outcome

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