

Complaints Handling Form

Student Details	
Student ID:	
Student Name:	
Course:	
Group:	
Date:	
Complaint Details	
Department/Person: <i>Please tick which department/person you need to assist you with your problem.</i>	<input type="checkbox"/> Administration <input type="checkbox"/> Marketing <input type="checkbox"/> VET/Academic <input type="checkbox"/> Accounts <input type="checkbox"/> Student <input type="checkbox"/> Other
Pivotal Education staff:	
Complaint Details:	
Expected or Requested Outcomes:	
Student Signature:	
Date:	

Interview Notes

Discussion:

Actions/Due Date(s):

Changes to improve Pivotal Education systems to avoid these situations in the future:

Could this matter require escalating to appeals process

 Yes

 No

Pivotal Education Staff Signature:

Student Signature:

Date Finalised:

Office Use Only

Details Entered:

 VET Trak

 Student file

 Complaints Register