

## Complaints Handling Form

### Student Details

**Student ID:**

**Student Name:**

**Course:**

**Class:**

**Date:**

### Complaint Details

**Department/Person:**

*Please tick which department/person you need to assist you with your problem.*

- Administration
- Marketing
- VET/Academic
- Accounts
- Student
- 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