

### STUDENT COMPLAINTS FORM

<b>Student Name:</b>		<b>Student ID:</b>	
<b>Student Details</b>			
<b>Address:</b>			
<b>Mobile Number:</b>		<b>Email:</b>	
<b>Current Course:</b>			
<b>Complaint Related to:</b>	<input type="checkbox"/> <b>Teaching and Learning</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>Staff Member</b></span> <input type="checkbox"/> <b>Resources and Facilities</b> <input type="checkbox"/> <b>Others (Please specify):</b>		
<b>Describe the nature of your complaint. Attach any relevant evidence.</b>			
<b>Describe the efforts made to resolve the issue:</b>			
<input type="checkbox"/> <i>I hereby declare that the information provided are true and correct. I understand that providing false information to SIC may result to termination of my enrolment and/or entitlements.</i>			
<b>Student's Signature:</b>		<b>Date:</b>	

**Note:** Before completing this form, please read the information on the Complaints and Appeals Policy on SIC's Website at <http://sic.edu.au>

Office Use Only	
Detail Action Taken:	
Complaint Handled by:	
Response/ Outcome Sent to Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complaint Handler Signature:	
Name:	
Position:	
<input type="checkbox"/> <b>RTOM</b> updated and scanned form/documents uploaded	<b>Date:</b>

**Note:** Kindly send completed form and outcome letter sent to student and also any other supporting evidence to the Academic Manager within 2 working days of resolution.