



STUDENT COMPLAINT FORM

All questions must be answered and details filled in, if not applicable please mark N/A.

Email to admissions@casstraining.com.au or info@casstraining.com.au

| STUDENT DETAILS | | | |
|-----------------|--|---------------|--|
| Full Name | | Student ID No | |
| Address | | | |
| E-mail Address | | Mobile | |

| AGENT DETAILS | |
|-----------------------|--|
| Do you have an agent? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Agent's Name | |

| STUDENT COMPLAINT/ GRIEVANCE/ APPEAL/ PROBLEM/ ISSUE |
|--|
| |

| SUGGESTED SOLUTION (if applicable): |
|-------------------------------------|
| |

| OFFICE USE ONLY | | | |
|-----------------------|--|---------|--|
| Action/s to be taken: | | | |
| By whom | | By when | |
| Authorised by | | | |

| AGREED ACTION COMPLETED AND EFFECTIVE | | | |
|---------------------------------------|--|------|--|
| Resolved | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Student notified | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date | |
| Signed off by | | Date | |