

Student Grievance / Complaint Form

Student Information	
Name:	Date
Contact details:	
Grievance / Complaint Detail	
Date of incident:	Grievance / Complaint directed to:
Please provide information in relation to the incident/situation of your complaint/grievance:	
What action was taken at the time of incident/situation?:	
Do you have any suggestions or recommendation on how to address or progress this situation?	
Do you have any other thoughts or comments you would like to make in relation to this situation?	
Office Use Only	
Date Grievance / Complaint form received:	Receipt of form acknowledged by:

Note - If at any time you require support from a non-academic member of staff, please contact student.support@amatraining.co.nz.

I declare that the information in this complaint form is a true and accurate description of the situation.

Name of person completing this form

Signature