

STUDENT COMPLAINTS FORM



This form is intended for submitting a formal complaint to Bundamba State Secondary College (BSSC). To ensure that your concern is addressed appropriately, please make sure to file your complaint within 7 days of the incident in question. Before completing this form, we strongly encourage you to review the BSSC Complaints Policy and Procedure to familiarise yourself with the process and requirements.

If a student is under 18 years of age, a parent or legal guardian must support the appeal. Please complete and return this form along with any additional supporting documentation to David Seymour, RTO Manager, at djsey0@eq.edu.au. Alternatively, you may print a copy and deliver it to the Careers Office.

PERSONAL DETAILS

Student First Name:		Student Surname:	
Student Address:			
Telephone:		Student LUI Number:	
Email:		Date of Birth:	
I hereby confirm that I have been informed about the complaints process and have reviewed the BSSC Complaints Policy and Procedure document.			
Student Signature:		Date:	

DETAILS OF COMPLAINT

Course/Unit Code:		Currently Enrolled:	Yes	No
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Please select the following areas to which your complaint is related:

Training Materials	Assessment Materials	Discrimination
Services Provided	Training – Other	Privacy Breach
Victimisation	Training Content/Information	
Other:		



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Please detail the reason for your complaint:

What steps have you already taken?

This may include communication that has taken place or your attempts to resolve the matter informally, if applicable

What evidence do you have to support your complaint?

List any relevant correspondence, emails or documents. Attach to your email when submitting the completed form

Briefly state what outcome you are seeking:

Does your complaint involve another person? (e.g., staff, trainer, assessor, student)

Yes

No

If Yes, please provide their name:

Does your complaint involve witnesses?

Yes

No

If Yes, please provide the names and contact details of individual/s who are willing to support your claim.

Full Name:

Phone:

Full Name:

Phone:



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DECLARATION

I have read and understood the Bundamba State Secondary College Complaints Policy and Procedure Document and certify that the information I have provided is accurate and complete. I acknowledge that BSSC may perform independent verifications and that I may be asked to provide additional information or attend a meeting to discuss this matter in more detail.

Student Name:			
Student Signature:		Date:	

Legal Guardian (if under 18 years of age)

Print Name:		Relationship:	
Signature:		Date:	

BSSC USE ONLY

Complaint recorded on Register:	Yes	No	Complaint Number:		
Details of outcome:	Successful	Unsuccessful			
Outcome of Process and Action Taken:					
Name of Assessor:		Position:			
Signature:				Date:	