

Grievance and Complaint Form	
Student Number:	
Given Name:	Surname:
Address :	
Phone:	Mobile:
Email:	

Course Title:	Course Number:
<p>Complaint: <i>please attach another sheet if required</i></p>	

Important Information

This form is for you to express dissatisfaction with an Open College product or service. If you are appealing an assessment grade you will need to complete and submit the **Assessment Appeal Form**.

Declaration

I have read the Grievance and Complaints Policy and declare that the information I have provided is correct and complete.

Signature _____

Date _____

OFFICE USE ONLY			
Date received	Reviewed by	QMS No.	
Date reviewed	Decision	UPHELD	REJECTED
Explanation		Response date / /	