

Complaint / Grievance / Appeal Form

The following is a cover sheet to support your complaint or appeal. It is to outline your complaint / appeal and you are to attach any supporting documentation.

Indicate what your grievance is:

Complaint

Initial notification of an issue that has occurred

Appeal

Grievance against a decision that has been made by DIC

Date of submission: _____

Name of Complainant: _____

Detailed Description Of Complaint:

(Include an outline of your Complaint with details of dates And people involved)

Signature: _____

Date: _____

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		<i>Page Sequence:</i>	Page 1 of 3

CRICOS Provider Number:
02915G Level 18, 45 Grenfell
Street Adelaide
South Australia 5000
1300 409 926 {phone}
www.dic.edu.au
E-mail: info@dic.edu.au

OFFICE USE
ONLY:

Admin Signature: _____

Date Complaint/Appeal Submitted: _____

Name of Person Responsible:	_____
Position held:	_____
Signature:	_____
Date:	_____
Entered in Complaints/Appeals Register:	
YES <input type="checkbox"/>	NO <input type="checkbox"/>

ANY COMMENTS BY THE PERSON RESPONSIBLE:

