

STUDENT COMPLAINT FORM



AUSTRALIAN
LEADING
INSTITUTE OF
TECHNOLOGY

Student Name :

Student Number :

Date of Birth :
(dd/mm/yyyy)

Course :

Class Group :

Email :

Phone Number :

This complaint is regarding (click checkbox).

- My course Resources Assessment Learning environment
- ALIT's practices, policies and/or procedures Other

Nature of Complaint (please attach further pages if necessary):

Please submit this form to ALIT student service desk. Thank you for taking the time to fill in this form. Your feedback is important to us and this complaint will be looked into as a matter of priority. The internal complaints process will commence within 10 working days of formal lodgement of this complaint. You will be notified of the outcome in writing.

Student Signature

Date