**APPENDIX 1: Azure College Complaint Form**

|  |  |
| --- | --- |
| **Name** |  |
| **Date** |  |
| **Address** |  |
| **Student Name/Year (if applicable)** |  |
| **Relationship to student (if applicable)** |  |
| **Student’s address (if different from above)** |  |
| **Contact number(s) (if you have a preferred time within the day, please state it)** |  |
| **Details of Complaint** |  |
| **What action have you already taken to try and resolve the complaint?** |  |
| **What actions do you feel might resolve this complaint? (e.g. an explanation, an apology, review of policy etc.)** |  |