

COMPLAINT & APPEALS FORM



Restaurant
& Catering

Surname	First Name	Date of Birth

Address	Contact No.

Date of Lodgement	Complaint or Appeal relates to:	
	Academic <input type="checkbox"/>	Non Academic <input type="checkbox"/>

Please provide a statement of your complaint/appeal

Include:

- Dates and times of the event
- Copies of any documents relating to the complaint/appeal, including witness statements
- Any person or organisation you have contacted or approached
- The effect of the incident

Signature of Complainant