Text

Description automatically generated

## Third Party Complaint Form

**Personal Details**

Please be aware that the University may contact you for additional information.

|  |  |
| --- | --- |
| Given name |  |
| Surname |  |
| Address |  |
| Email |  |
| Telephone Number |  |

**Complaint Details**

|  |  |
| --- | --- |
| Nature of Complaint |  |
| Date Occurred (single or range) |  |
| University member(s) or department involved (if known) |  |
| Please include a summary of your complaint, including details of the issue or any incidents |  |
| Please identify any actions you have taken to resolve the complaint to date. |  |
| What would the ideal resolution to the complaint be? |  |