

# Confidential Complaint

 **COMPLETE THIS FORM & EMAIL TO:** [complaints@weltec.ac.nz](mailto:complaints@weltec.ac.nz)

 **OR RETURN THIS FORM TO:** Academic Director's Office - Academic Services & Policy  
Private Bag 39803, Lower Hutt 5045

 **0800 935 832**

 **[www.weltec.ac.nz](http://www.weltec.ac.nz)**

Use this form to record a formal complaint.

## 1 PERSONAL INFORMATION

**Legal Surname or Family Name(s)**

**Legal First or Given Name(s)**

**Street Address**

**Postcode**

**Programme/Course enrolled on**

**Home Phone**

**Mobile**

**Email**

**WelTec Student ID**

## 2 YOUR COMPLAINT

Please refer to the Guidelines for Complaints/Feedback in your Programme Handbook when considering a complaint. Describe the incident, problem or issue. How did it impact on you and/or other students? Were there any witnesses? (If you need more space, attach additional pages to this form).

  
  
  
  
  
  
  
  
  
  

**Student Signature**

**Date**

If there is more than one complainant, please provide all name(s) with signature(s) to show your agreement

**Name(s)**

**Signature(s)**

Thank you for taking the time to complete this form.