

Confidential Complaint

 **COMPLETE THIS FORM & EMAIL TO:** 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**

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.