

This form is to be used by students who have a Formal Grievance and have been unable to resolve this through informal discussion as per the policy. Providing the information below and confirming your contact details will assist staff at Think: Colleges to address your grievance in a timely manner. Failure to provide the requested information may result in a delay in processing your grievance.

PERSONAL DETAILS

Family Name: (Surname) First Name:

Student ID #: Course Name:

Email: Contact Number:

TYPE OF GRIEVANCE *(Please choose one of the two options below)*

1) **Academic Grievance:** *(Please write the Subject, Unit or Module name in the space below and tick the type of Academic Grievance that applies)*

The grievance was related to the following Subject / Unit / Module			
Assessment	<input type="checkbox"/>	Intention to Report / Cancel <i>(academic non progression)</i>	<input type="checkbox"/>
Course Content	<input type="checkbox"/>	Student Academic Progress	<input type="checkbox"/>
		Quality of Course Delivery	<input type="checkbox"/>
		Other <i>(please specify below)</i>	<input type="checkbox"/>

2) **Non Academic Grievance:** *(Please tick the type of Non Academic Grievance that applies)*

Operations	<input type="checkbox"/>	Tuition Fees	<input type="checkbox"/>	Administration	<input type="checkbox"/>
Physical Abuse	<input type="checkbox"/>	Verbal Abuse	<input type="checkbox"/>	Student eCoE Issues	<input type="checkbox"/>
Racial / Sexual Discrimination and or Harassment	<input type="checkbox"/>	Intention to Report / Cancel <i>(non payment of fees / non commencement, cessation of studies)</i>		<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(please specify)</i>	<input type="checkbox"/>				

DETAILS OF GRIEVANCE

The people or department(s) / dates and locations involved in the grievance <i>(please list in the spaces below)</i>			
Date	Department	Name(s) of persons involved	Location of Incident <i>(if applicable)</i>

Please attach the following statements to your grievance *(Please clearly label each statement and address each individually)*

- 1 **Summary of Events / Grievance** *(please include details)*
- 2 **Actions that you would like taken by the College / Division**



SUPPORTING DOCUMENTATION *(please tick the type of documentation that you have attached)*

Copies of Emails	<input type="checkbox"/>	Statutory Declarations from witnesses	<input type="checkbox"/>	Copies of Letters	<input type="checkbox"/>
Other: <i>(please specify and attach documentation)</i>		<input type="checkbox"/>			

CHECKLIST

The following is a checklist to help ensure that you have completed and attached all your relevant documentation correctly before **submitting this form to Student Services for processing**.

- I have attempted to resolve this grievance informally and have attached the Documentation of Informal Discussions – Cover Sheet to this form.

PERSONAL DETAILS:

- Have all your personal details requested on the form been filled in correctly?

TYPE OF GRIEVANCE

- Have you indicated if your grievance is Academic or Non Academic related?
- Have ticked the type of grievance that best describes your situation?

DETAILS OF GRIEVANCE

- Have you listed the dates, departments, people and locations involved in your grievance?
- Have you attached a summary of events to your grievance?
- Have you attached a summary of the actions you would like taken to your grievance?

SUPPORTING DOCUMENTATION

- Have you attached all supporting documentation to your grievance?

DECLARATION

- Have you signed and dated the Formal Grievance Form?

DECLARATION

I declare that to the best of my knowledge, the information I have supplied on this form is true and correct. I have read and understood the *Formal Academic and Formal Non Academic Policy and Procedures*.

Signature: Date:

Office Use only				
Received by	<input type="text"/>	Received Date	<input type="text"/>	
All documents claimed by applicant have been sighted and are attached			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>

