FOUNDATION COLLEGE

# Complaint Form

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| **Date:** |
| **Name:** |
| **Contact Telephone Numbers:** |
| **E-mail:** |
| **Postal Address:** |
| **Course** (if applicable)**:** |
| **Have you approached the course/department manager in an attempt to resolve this issue?** (please circle as appropriate)<br>YES / NO |

| **Details of your complaint:** (Please write what specifically happened and attach pages as required) |
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| |

| **What do you view as a fair resolution/outcome of this complaint?** |
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Please send your completed form to the following address or hand in at our reception at 1 Malcolm Court, Narre Warren. We can provide an envelope to maintain your privacy.

Chief Executive Officer
Foundation College
PO Box 101
Narre Warren Vic 3805