



Complaint Form

Student Info

First Name _____

Last Name _____

Postcode _____

Phone _____ Alt Phone _____

Email _____

Complaint Information

Date of Incident _____

Time _____

Location _____

Subject of Complaint _____

Description of Complaint _____

Witness Detailss (if applicable)

First Name _____

Last Name _____

Phone _____ Email _____



Complaint Form

Complaint Outcome

Proposed
Outcome for
Complaint

Complainants
Signature

Date of Sign

Lodge complaint by emailing form to info@factadelaide.com or via post to: 34 South Tce
Adelaide SA 5000