



# STUDENT COMPLAINTS FORM

## 1. Instruction

Use this form to lodge any type of complaint.

> **This form must be completed in full and returned by mail or in person to the OFM Student Administration Office. This form CANNOT be emailed for reasons of confidentiality.**

O'Halloran Fire & Medical Pty Limited  
Student Administration Office  
P.O. Box 303  
Horsley Park 2175 Australia

Ph: 1300 72 1444

## 2. Your Details

Have you graduated:  Yes  No **Student number:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
First Name Middle Name/s Last Name

**Contact number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_  
Other than Australia

## 3. Complaint Details (Please give as much information as possible. If additional space is required, attach an A4 size page signing and dating the bottom)

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

\_\_\_\_\_

**Details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Complainants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**4. Administration Use Only**

Date received: \_\_\_\_\_ Complaint / Case number: \_\_\_\_\_

Action report: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant advised of receipt / case number:  Yes  No  
Complainant advised of outcome:  Yes  No  
Complaint escalated to a third party?  Yes  No If Yes, to whom? \_\_\_\_\_

Case officer: \_\_\_\_\_

Date finalised: \_\_\_\_\_ Signature: \_\_\_\_\_