



• COMPLAINT/GRIEVANCE FORM

This form must be completed when you need to make a formal complaint at E.E.T. Please keep a copy for your records and post or deliver to our head office.

1. Your Details:

Family name: _____ Given Name: _____
 Address: _____ Home Phone: _____
 Work Phone: _____ Mobile Phone: _____

2. Are You a (please tick):

- Student: Your Student Number: _____
- Parent or Caregiver: Name of Student: _____
- Future Student Commercial Customer. Employee or Contractor.
- Other: Please Specify: _____

3. Is the complaint about: (please tick and give details)

- Events at E.E.T. office or site _____
- An event, activity or excursion organised by E.E.T. _____
- Other _____

4. Have you discussed your complaint with a E.E.T. senior officer (please tick):

- Yes. No: (Go to 5)
- If YES when? _____ Who dealt with the complaint? _____
- What was the result? _____

5. Please give details of the complaint and the outcome you are seeking (you may attach further documents)

Your Signature: _____ Date: _____

Mail this form to: Director of Studies & Operations, E.E.T., PO Box 3485, Rundle Mall SA, 5000.
 The information provided in this document will be kept confidential, unless it needs to go to the relevant authorities.

Administration Use Only

Receiving Officer: _____ Date Received: _____