**COMPLAINT NOTIFICATION FORM**

Version date: 13 June 2023

**Please read the** [**Complaints Policy**](https://divinity.edu.au/documents/complaints-policy/) **prior to completion of this form.**

|  |  |
| --- | --- |
| **Personal details** | |
| Name |  |
| Student / Staff ID |  |
| College |  |

|  |
| --- |
| **Complaint details**  State clearly and concisely the complaint, a summary of the incident/s that have led to the complaint and the names of persons involved in the incident/s, including witnesses where appropriate. |
|  |
| **Attempted resolution of complaint**  State clearly and concisely what steps have been taken already to resolve the complaint. |
|  |
| **College support**  Provide the name of your College support person, if one has been provided. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration**  I confirm the above information is true and accurate. | | | |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Office of the Vice-Chancellor use only*** | | | |
| Date received |  | Date and name when Authorised Officer notified |  |
| Stages / Outcomes |  | | |
| Date/s submitter notified of outcomes | | |  |

**Please submit this form to the Fair Treatment and Safeguarding Coordinator:**

c/- Hannah Hornsby

University Secretary

University of Divinity

90 Albion Road, Box Hill VIC 3128

Email hhornsby@divinity.edu.au