Person Making the Appeal or Notifying Grievance (Complainant):

Complainant

Course                     Email

Skype Address               Mobile

Details of Complaint:
(Complete wherever applicable. If not applicable write ‘N/A’)

Date:  Time:

Service/Campus:

Persons Involved (Other than the complainant):

Details/Description (If the complaint relates to an event, please detail it step-by-step)

Were there any injuries, or damage to property?  Yes  No
(If ‘Yes’) Describe the injuries or damage?
Were there any witnesses?  

☐ Yes  ☐ No

(If yes) List the witnesses names:

Other relevant information:

What, if any, particular response or action does the complainant seek or expect?

What action has been proposed by Virtu and would be acceptable to the complainant to satisfactorily resolve the complaint?

(If no mutually acceptable action to resolve the complaint can be agreed upon write ‘No Agreement’)

The above Statement of Details is a fair and accurate record of our interview.

Complainant:  

(Signature)  (Date)

Virtu Institute Representative:  

(Signature)  (Date)

The above action proposed to resolve the complaint is approved.

Authorised Officer:  

(Signature)  (Date)

Position:  

Please return this form to the Virtu Institute Registrar or Academic Director who is responsible for the timely resolution of this complaint. Email to registrar@virtuinstitute.edu.au