

I have read the Student Complaints and Appeals Policy and Procedure: <input type="checkbox"/> Yes (if yes, please give details below) <input type="checkbox"/> No	
I have read and understood the Workplace Grievance Policy: <input type="checkbox"/> Yes (if yes, please give details below) <input type="checkbox"/> No	
<p>Before you send this form, please check that you have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Included as much relevant information as possible <input type="checkbox"/> Given details of the health service provider you are complaining about <input type="checkbox"/> Clearly identified your concerns <input type="checkbox"/> Attached copies of supporting documents or information. Please do not send original documents 	
<p>Signature:</p>	<p>Date: / /</p>