## **COMPLAINT FORM**



Date:			
Person making the complaint: Name:			
Programme Name: (if applicable)			
Address:	Your contact details will not be shared with the respondent		
Contact number (home):			
Contact number (mobile):			
email:	Your		
PLEASE TICK YOUR PREFERRED CONTACT OPTION			
<b>Complaint Details:</b> (Please include names of anyone you have already spoken to regarding the complaint)			
Outcome Sought:			

*Note:* If you require more space please attach supporting document to this form.

Return Form to:

THANK YOUNelson Marlborough Institute of TechnologyThe Office of the Interim Operations LeadNelson Campus – A Block322 Hardy Street,Private Bag 19Nelson 7042Phone: (03) 546 9175Email: complaints@nmit.ac.nz

