

COMPLAINT FORM

Date:			
Person making the complaint Name:			
Programme Name : (if applicable)			
Address:	Your contact details will not be shared with the respondent		
	etail e res		
Contact number (home):	act d th th		
Contact number (mobile):	cont ed wi		
email:	Your		
PLEASE TICK YOUR PREFERRED CONTACT OPTION			
Complaint Details: (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.

THANK YOU

Return Form to: Nelson Marlborough Institute of Technology

The Office of the Chief Executive

Nelson Campus – A Block

322 Hardy Street,

Private Bag 19

Nelson 7042

Phone: (03) 546 9175

Email: complaints@nmit.ac.nz

Internal Use Only DATE RECEIVED ____ / ____ / ____