



## Academic Complaint

### YOUR DETAILS

Family Name: \_\_\_\_\_ Student ID No#: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

Name of academic staff member/s: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

The best way for us to contact you in relation to this Academic Complaint:

☐ Email (Check email address is current in your student portal).

☐ Phone

### Academic Complaint

What is your Academic Complaint about? (please tick relevant box)

The outcome of an Academic decision on:

If your complaint is not included here,  
refer to the Student Complaint policy

- ☐ Final grade
- ☐ Affected Performance Consideration (APC) decision
- ☐ Award of a qualification
- ☐ Enrolment in or admission to a Programme or Course
- ☐ Progression in a Programme
- ☐ Insufficient demonstration of clinical competence leading to failure of a course
- ☐ Exclusion from any course work or assessment

***Explain what you have already done to resolve this issue. List names and dates of everyone you have spoken with about this matter. Attach evidence such as: appointments with Student Support or screenshots of emails with lecturers and academic staff.***

| <i>Date</i> | <i>Names of staff members</i> | <i>Notes on discussion</i> | <i>Outcome</i> |
|-------------|-------------------------------|----------------------------|----------------|
|             |                               |                            |                |

***Give reasons for your dissatisfaction (attach additional paper if necessary)***

**Supporting Evidence**

Please attach copies of any documents that might help us investigate your Academic Complaint, or tell us how any documents or evidence can be obtained

**THE OUTCOME(S)**

**What would you like to see as an outcome?**

**VERIFICATION**

I confirm that I have completed this form, or have overseen the completion of the form, and that the contents are true and correct to the best of my recollection.

**Signature of student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please email this form to: [resolutions@unitec.ac.nz](mailto:resolutions@unitec.ac.nz)