



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)	
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 of this academic complaint?

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 knowledge.

Signature of student: _____

Date: _____

Please email this form to: resolutions@unitec.ac.nz