

1. Provider details

I am making a formal complaint to NZQA about the following provider/school:

Provider/school name:

.....

Provider/school address:

.....

.....

2. Your details

(You must provide this information in order for NZQA to consider your complaint. If the complaint is from a group of students, please identify the primary contact person and their contact details.)

Name:

.....

Postal address:

.....

.....

Contact phone number:

.....

Email address:

.....

Are you an international student? Yes No

If Yes, what is your nationality as shown on your passport?

.....

3. Complaint details

Write the details of your complaint as clearly as possible below. Try to give specific examples that support your complaint and provide facts such as dates, times and places. Attach extra pages if necessary.

What is your desired outcome?

4. Supporting documents

Attach any documents that support your complaint and list these below. Depending on the nature of your complaint you could include copies of the provider's response to your complaint, other correspondence regarding the complaint, notes from meetings, publicity material, receipts etc.

5. Authorisation

You must sign this in order for NZQA to consider your complaint. Please tick the relevant boxes and sign below.

Yes No I confirm that I have attempted to follow the internal complaints procedure of the provider and have given it the opportunity to resolve my complaint before submitting this complaint to NZQA.

Yes No I have attached a copy of the outcome of my internal formal complaint.

Yes No I authorise NZQA to inform the provider of my name(s).

Yes No I authorise NZQA to release a copy of this form and documents I have supplied to the provider.

Yes No I authorise NZQA to proceed with investigating my formal complaint.

Your signature:

.....

Date:

.....

6. Return to NZQA

Please post the completed form and any supporting evidence to:

The Complaints Officer
Quality Assurance Division
New Zealand Qualifications Authority
PO Box 160
WELLINGTON 6140

OR

Email your completed form and any supporting evidence to gadrisk@nzqa.govt.nz