

## 1. Provider details

I would like to make a formal complaint to NZQA about:

.....  
*(Name of private training establishment, institute of technology, polytechnic, or wānanga)*

Provider address:

My relationship to the provider is *(tick one)*:

- Student – *specify course enrolled on:*
- Staff member
- Member of the public
- Other – *please provide details:*

## 2. Your details

*(You must provide this information in order for NZQA to consider your complaint. If you wish your name to be withheld from the provider please indicate this in Section 5, but still provide details in this section).*

Name(s) of complainant(s):

*(If the complaint is from a group, please provide contact details for one key contact person only.)*

Postal address:

Contact phone number:

Email address:

### **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 lodging this complaint with NZQA. (This only applies if the complainant is a student – **please attach any outcome letters received as a result of this process with your form.**)

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.

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**

E-mail a scan of your completed form, along with scans of any supporting evidence, to [gadrisk@nzqa.govt.nz](mailto:gadrisk@nzqa.govt.nz)