**Tauira Complaints Form – for GROUP complaints**

**(i.e. two or more complainants)**

There is another form for individual complainants on the Student Complaints page on the TWoA website.

**Details of tauira who will be the contact person for this group complaint:**

*(As the contact person, you agree to forward communication from TWoA staff involved in resolving the complaint to all of the other complainants as required – and assist these staff to liaise with the other complainants if necessary.)*

**Your TWoA student ID number**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Your last name |  | Your first name |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Your contact phone number |  | Your contact email |
|  |  |  |

**Your postal address**

|  |
| --- |
|  |

**What is the name of the programme the complainants are enrolled in?**

|  |
| --- |
|  |

**Where is the programme based e.g. campus, site etc?**

|  |
| --- |
|  |

**What are the details of your complaint?**

Please be as **specific** as possible. If it’s about a specific incident involving a specific staff member please state the name of the staff member, the time and date of the incident, the place the incident happened and describe what happened.

If it’s about an unsatisfactory experience with something at the Wānanga e.g. enrolment, teaching, support services, facilities, graduation etc. please describe where, when, how this unsatisfactory experience happened.

|  |
| --- |
|  |

**Did any of the complainants do anything to try and resolve the issue themselves? i.e. did any of the complainants communicate their concerns to the person (or people) they have the issue with?**

**Yes / No**

**If yes, what happened?**

|  |
| --- |
|  |

**How has this situation affected the complainants, their relationship with the Wānanga, the quality of their learning experience etc.?**

|  |
| --- |
|  |

**What outcome are the complainants seeking? i.e. what would they like the Wānanga to do to make things right for them? (Please be specific)**

|  |
| --- |
|  |

**Date**

|  |
| --- |
|  |

**Complainant’s declaration**

We, the signatories to this complaint (listed below), have each read the completed complaint form and agree with all of the information provided. We each agree this information is true and correct to the best of our knowledge.

**All** complainants (including the contact person) **must complete and sign here**:

(If there are more complainants than can be listed below – please duplicate this grid on an extra sheet for the additional complainants to complete, sign, and attach it to the form.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name** | **First name** | **Student ID no.** | **Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Submitting this form:**

Please print the form, fill it in and either:

Scan and email the form directly to the National Tauira Success Team in Hamilton at [tauira.complaints@twoa.ac.nz](mailto:tauira.complaints@twoa.ac.nz) (this is the preferred, safest and quickest option)

**OR**

Post it to:

**National Tauira Success Team**

**Te Wānanga o Aotearoa**

**PO Box 6076**

**Hamilton 3245**

|  |
| --- |
| **For NTST use only**  Tauira Complaint Reference no. TC  Received NTST:  Sent to takiwā / HO wāhanga:  Due date for resolution: |