

DECLARATION	
<input type="checkbox"/> I have read and understood Complaint Policy .	
<input type="checkbox"/> I declare that the information I have provided in this application and the attached documentation are true and correct in every detail.	
<input type="checkbox"/> I authorise Deakin College to seek further information directly from the originating source if required.	
COMPLAINANT'S SIGNATURE	
Signature	
Date	

Submit the completed Complaint Application together with any supporting documents to the Deakin College Complaints at dcoll-complaints@deakin.edu.au.