

COMPLAINT FORM

Darul Ulum College of Victoria 17 Baird Street (P.O.Box 130) Fawkner Victoria 3060 Australia

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مرالعلوم في		Priorie: 03 9355 6800 Fax: 03 9359 0692			
Complainant's name					
Complaint submission date	е				
Complaint submitted	☐ In person	☐ In writing	☐ Other:		
ISSUE/INCIDENT					
Day/date			Time		
What is the complaint about?					
Who is involved in the					
complaint?					
Provide a summary of the issue(s) which led to the complaint					
Witnesses (if any)					
Signature of complainant					

DUCVCF001 26 May. 17