



ROYAL BRISBANE INSTITUTE OF TECHNOLOGY

Dynamic Management Group Pty. Ltd. T/A Royal Brisbane International College & Royal Brisbane Institute of Technology

A.C.N. 095 915 012 A.B.N. 74 095 915 012 CRICOS Provider Code: 02370B

Student Affair/Incident Report

Compiled by:

Date:

Instructions:

1. **When do you use this form?** Use this form for all student grievance / dispute / problem – for reporting and resolution.
2. **Where do I get it from?** This form should only be used by a student counsellor. In all circumstances, student counsellors should be informed.
3. **How is it reported?** This form must be reported to the authorised superior on all occasions on soft copies via internal mail server, while master file is to be stored in the corresponding student's folder
4. **Using the form?** Please ensure the student sign the designated section guaranteeing the authenticity of the claims

Student detail

First name		Last name			
Student number		Gender		Country	
Address					
Phone		Mobile		Email	
Emergency contact				Phone	

Staff:		Date:		Time:	
Incidents <Student>					
<i>I hereby authorise RBIT staff to record my claims and acknowledge that all the above statements are true (sign by student).</i>					
Name:		Sign:		Date:	
Actions taken <Staff>					
Agreed resolution <Staff>					
Result <Detail>	<input type="checkbox"/> RESOLVED <input type="checkbox"/> UNRESOLVED <input type="checkbox"/> CONTINUOUS IMPROVEMENT REQUIRED				

Staff:		Date:		Time:	
Incidents <Student>					
<i>I hereby authorise RBIT staff to record my claims and acknowledge that all the above statements are true (sign by student).</i>					
Name:		Sign:		Date:	



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Actions taken <Staff>	
Agreed resolution <Staff>	
Result <Detail>	<input type="checkbox"/> RESOLVED <input type="checkbox"/> UNRESOLVED <input type="checkbox"/> CONTINUOUS IMPROVEMENT REQUIRED

Staff:		Date:		Time:	
Incidents <Student>					
	<i>I hereby authorise RBIT staff to record my claims and acknowledge that all the above statements are true (sign by student).</i>				
	Name:	Sign:	Date:		
Actions taken <Staff>					
Agreed resolution <Staff>					
Result <Detail>	<input type="checkbox"/> RESOLVED <input type="checkbox"/> UNRESOLVED <input type="checkbox"/> CONTINUOUS IMPROVEMENT REQUIRED				

Current Status/Result	
<input type="checkbox"/> RESOLVED	<input type="checkbox"/> UNRESOLVED <input type="checkbox"/> SUPERVISOR CHECKED
_____ Signature of Compiler	_____ Signature of Supervisor