Oakbridge Guardians Ltd

Feedback, Concerns & Complaints

F008
Printable / fillable copy

Share feedback or raise a concern with Oakbridge.

Complete on a computer (type into the boxes) or print and write clearly in black ink. Tick Yes or No where shown. Boxes with lines are for longer answers. Return the completed form to Oakbridge. Fields marked * are required.

1. Student identification

Does this relate to a specific Oakbridge student? *

☐ **Yes** ☐ **No**

Do you know the Oakbridge Student ID (OSID)? *

☐ **Yes** ☐ **No**

Oakbridge Student ID (OSID) — one character per box

☐ ☐ ☐ ☐ ☐

If known, enter the 5-digit OSID. New registrations leave this blank.

Student first name *

Student surname *

Preferred name

Date of birth (DD/MM/YYYY) *

School *

2. Person completing this form

Your full name *

Relationship to student / Oakbridge *

If relationship is Other, write details here

Email address *

Mobile telephone *

3. Submission type — tick one

Feedback / compliment?

☐ **Yes** ☐ **No**

Concern?

☐ **Yes** ☐ **No**

Complaint?

☐ **Yes** ☐ **No**

Other?

☐ **Yes** ☐ **No**

If Other, please specify

Subject *

4. Details

Write full details in this box *

Would you like Oakbridge to contact you about this? *

☐ **Yes** ☐ **No**

5. Declaration

If a student is completing this form, a parent / legal guardian must still review and approve it before Oakbridge treats it as final.

- The information I have provided is accurate to the best of my knowledge.
- I understand Oakbridge will handle this under its complaints / feedback procedures where applicable.

I confirm that I have read, understood and agree to the statements above. *

☐ **Yes** ☐ **No**

Declarant full name *

Date (DD/MM/YYYY) *

Signature — type full name, or sign in the box if printing *