

COMPLAINTS/APEALS FORM



Family Name					
Given Name				Date of birth	
Address					
Suburb			State		Postcode
Email Address			Telephone		
Date submitted			Student ID		
Course			Start Date on CoE		
Agent					

HAVE YOU READ THE COMPLAINTS & APEALS PROCEDURE?

(Please tick which one)

<input type="checkbox"/> COMPLAINT	<input type="checkbox"/> APPEAL
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Reason for Complaint/Appeal :

Declaration:

I have read and understood the College's Complaints and Appeals Policy and Procedure and acknowledge that the National Manager will consider with myself whether the complaint/appeal should be handled under the formal or informal mechanisms available. All Complaints/Appeals must be lodged within 20 days.

Student Signature				Date	
Have you attached all relevant documentation that you wish to rely on? (Please tick)		YES		NO	
Office Use Only	Received by			Date received	
Staff Member's Signature					