

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	<input type="checkbox"/>	NO	<input type="checkbox"/>
Office Use Only	Received by				Date received		
Staff Member's Signature							