

COMPLAINTS & APPEALS FORM

This Complaint & Appeals Form must be lodged directly with the Administration Officer.

STUDENT NAME:		STUDENT ID:	
COURSE:		······································	
ADDRESS:		·	
SUBURB/CITY:	STATE:	POSTCODE:	
MOBILE PHONE:		·	
EMAIL:		·	
NOTE: Students are encouraged to solve at the solution to the problem, then the format	ny complaint directly through discussion i I complaints and appeals procedure is to b	n the first instance. If this does not provide be followed.	
DESCRIBE YOUR COMPLAINT		*Attach additional pages if required	
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WHAT HAVE YOU DONE TO RE	SOLVE THE COMPLAINT / API	PEAL?	
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WHAT WOULD YOU LIKE TO SEE HAPPEN AS A RESULT OF THI	S COMPLAINT / APPEAL?
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Student's Signature: Date (DD/MI	VI/YY): / /
Please submit to Administration Office	<u>ər</u>
Note: Commencement of process is within 10 working days of the form appeal and reasonable measures are taken to finalise the process	
OFFICE USE ONLY:	
Date Receipt: / Date acknowledgement sent to	student: / /
Method: ☐ email ☐ Letter to	
Method: ☐ email ☐ Letter to	o registered address come: / /
Method: ☐ email ☐ Letter to Date Resolved: / Date Student advised of out	o registered address come: / /
Method: ☐ email ☐ Letter to Date Resolved: / Date Student advised of out Method: ☐ email ☐ Letter	o registered address come: / /
Method: ☐ email ☐ Letter to Date Resolved: / / Date Student advised of out Method: ☐ email ☐ Letter Method: ☐ email ☐ Letter	o registered address come: / / er to registered address