

COMPLAINTS AND APPEALS FORM

About This Form

This form should be used to make a formal complaint or appeal about any aspect of the services provided to you by us or about our staff, another learner or a third party providing services on our behalf. You may also use this form to dispute an assessment decision (assessment appeal).

Please include as much information as possible about your complaint or appeal as this will help us to resolve your complaint or appeal more efficiently.

Please indicate what your grievance is (tick the appropriate box below):

COMPLAINT

APPEAL

Student Details

Student Name	
Student ID	
Address	
Email Address	
Phone	

Complaint or Appeal Details

Please describe your complaint or appeal, including as much information as possible including relevant dates and persons involved. Attach any supporting evidence and reference them in your description.

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What would you like the outcome of this complaint or appeal to be?

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Include any other comments.

Declaration

I declare that the information provided by me to the best of my knowledge is accurate and truthful and can be used to investigate the complaint or appeal.

Student Signature

Date

Please submit this form to our office via email or post.

For Office Use Only

COMPLAINTS AND
APPEAL:

APPROVED

REJECTED

Checklists:

NOTIFIED STUDENT

SMS UPDATED

Comments

APPROVED / REJECTED BY:

Staff Name:

Position:

Signature:

Date: