

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.

STUDENT DETAILS

NAME	
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.

What would you like the outcome of this complaint or appeal to be?
Include any other comments.

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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.

SIGNATURE	
DATE	

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

For Office use only

Action to be taken: (List the steps to be taken to resolve the matter)				
	Outcome of Complaint/Appeal (Tick only one option)	<input type="checkbox"/> Resolved	<input type="checkbox"/> Not Resolved	<input type="checkbox"/> Pending
Comments/Notes (Only for not resolved, pending, needs further action)				
Date:		CEO's Signature:		