

STUDENT COMPLAINT & APPEALS FORM

Family Name:	First Name:	Student No:
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Address:	Date of Birth:	Contact No:
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Date of Lodgement: ___/___/___	Student Signature:
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Complaint or Appeal relates to an:			
Academic Matter	<input type="checkbox"/>	Non-Academic Matter	<input type="checkbox"/>

Please provide a statement giving full details of your complaint/appeal

What to include in your statement:

- The name/s and title of person/s involved (include the name of any witnesses).
- Dates and times of events.
- The name of any person or organisation you have approached in relation to your complaint/appeal.
- The effect the complaint/appeal has had on you.
- Copies of any documents relating to your complaint/appeal (e.g. witness statements).

-----*Office use only*-----

Date received: ___/___/___	
Date acknowledgement letter sent to student: ___/___/___ <i>(must be within 5 working days)</i>	
Complaint handling record sheet completed <input type="checkbox"/> Yes	Complaint reference no: _____
_____ (signature)	_____ (position)