



Complaints and Appeals Form

STUDENT NAME:	
COURSE:	
STUDENT ADDRESS:	Street:
	Town/Suburb: Postcode
CONTACT PHONE NOS:	Home: _____ Work: _____
	Mobile: _____
<input type="checkbox"/> COMPLAINT <input type="checkbox"/> APPEAL Please complete Part A or Part B as appropriate	
PART A - COMPLAINT Describe the nature of the complaint/grievance that you have. Please give as much detail as you can. If you need more space, attach more paper to this form.	
Were there any witnesses to the situation: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide their personal and contact details if known. If there is more than one witness, please attach a list with their details on a separate page.	
NAME OF WITNESS:	
ADDRESS:	Street:
	Town/Suburb: Postcode
CONTACT PHONE NOS:	Home: _____ Work: _____
	Mobile: _____

PART B - APPEAL

Describe the grounds for your appeal.

Please give as much detail as you can. If you need more space, attach more paper to this form.



Complaints and Appeals Form

Please sign the following agreement

I, (full name) _____

of (address) _____

have provided the information on this form honestly and truthfully. After exhausting informal processes, I remain dissatisfied with the situation I have described above.

_____ Date: _____

(Signature)

PART C – OFFICE USE ONLY

Date Complaint/Appeal Received: _____

Complaint Received By: (name) _____ Position: _____

Outcome:

Complainant/Parties Notified: YES NO

Manager Signature: _____ Date: _____