

## Student Form

### *Complaints and Appeals Form*

Students who have a complaint or appeal should refer to the publicly available Complaints and Appeals Policy and Procedure prior to completing and submitting this form.

<b>Student Details</b>	
<b>Full name</b>	
<b>Year level</b>	
<b>Email address</b>	
<b>Teacher</b>	
<b>Mobile telephone</b>	
<b>Date</b>	

<b>Complaint Details</b>	
<b>Qualification code</b>	
<b>Qualification title</b>	
<b>Please provide details of the complaint below:</b>	

I declare that the information & documentation given is true and accurate

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Complaints Outcome:**     Upheld     Denied     More evidence required  
**Written Notice Provided:**     Yes     No

Appeal Details	
Qualification code	
Qualification title	
Units of competency for which appeal is being sought	
Code	Title
Please provide reasons for requesting this appeal:	

I declare that the information & documentation given is true and accurate

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Appeals Outcome:**       Upheld       Denied       More evidence required

**Written Notice Provided:**    Yes    No

For office use only		
Processed by:	Signature:	Date:
<input type="checkbox"/> CEO Notified <input type="checkbox"/> Recorded in secure Complaints and Appeals Register <input type="checkbox"/> Notified in writing within 30 calendar days <input type="checkbox"/> Outcome reached		

**Privacy Notice:**

*The information provided on this form will be used to follow up your complaint or appeal. The information may be provided to staff or external bodies who are in a position to remedy your complaint or appeal. The information will be stored securely and you may access or correct any personal information provided at any time by contacting the person to whom you submit this form.*