Level 9, 310 King Street Melbourne Victoria 3000, Australia Phone: 0061-3-9629 3693 Fax: 0061-3-9629 7146

Email: contact@einsteincollege.vic.edu.au Website: www.einsteincollege.vic.edu.au

COMPLAINTS AND APPEALS FORM

Please fill it in using CAPITAL/BLOCK LETTERS and tick (✓) relevant option.

Date (DD/MM/YYYY):	/ /	Email Address:							
Student No.:		Mobile Phone No:							
Given Name:		Address:							
Family Name:		USI No.:							
Date of Birth : /	/								
Course Code & Name:									
I would like to submit a: ☐ Complaint ☐ Appeal									
Complaint / Appeal Details: Academic Non Academic Please state the nature of your complaint/ appeal including dates, times and other people involved:									
Expected Resolution Date: The College will provide a response in writing within 10 working days of this application Student Signature:									
FOR OFFICE USE ONLY									
Form Received On	1_ , ,	Complaints/Appeals Referred To:							
Comments:	Date: / /	Complaints/Appeals Neterred To.							
Comments.									



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Complaints and Appeals Report

Student Name:		Staff Member:	
Student No.:		Position:	
Other Interested Parties:		Signature:	
Date Received:		Date:	
Complaints/ Appeals:			
Investigation			
Investigation:			
Resolution:			
Follow up or Corrective Acti	on Taken:		



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FOR OFFICE USE ONLY – Final Sign off from CEO or Authorised Delegate – Director of Studies										
Complaint/Appeal Resolved:		☐ Yes	□ No	Date:	/	/				
Approved By:	Name:	Name:		Supporting documents attached Yes					Yes □ No	D N/A
				Continuous Improvement Register Updated				☐ Yes ☐ No ☐ N/A		
	Signature:		Notification to student attached					Yes □ No	D □ N/A	
			Wisenet Updated				☐ Yes ☐ No ☐ N/A			
Comments:										
Student may A	ppeal 🗆 Ye	s □ No	<u> </u>	·			·			·