



## Complaints and Appeals Report

Student Name:		Staff Member:	
Student No.:		Position:	
Other Interested Parties:		Signature:	
Date Received:		Date:	
Complaints/ Appeals:			
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Investigation:			
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Resolution:			
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Follow up or Corrective Action Taken:			
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<b>FOR OFFICE USE ONLY – Final Sign off from CEO or Authorised Delegate – Director of Studies</b>			
Complaint/Appeal Resolved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:    /    /	
Approved By:	Name:	Supporting documents attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Signature:	Continuous Improvement Register Updated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Notification to student attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Wisenet Updated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			
Student may Appeal <input type="checkbox"/> Yes <input type="checkbox"/> No			