

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

FOR OFFICE USE ONLY			
Form Received On	Date: / /	Complaints/Appeals Referred To:	
Comments:			

Complaints and Appeals Report

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

FOR OFFICE USE ONLY – Final Sign off from CEO or Authorised Delegate – Director of Studies			
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
		Continuous Improvement Register Updated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Signature:	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			