

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: <input type="checkbox"/> Complaint <input type="checkbox"/> Appeal	
Complaint / Appeal Details: <input type="checkbox"/> Academic <input type="checkbox"/> Non Academic	
Please state the nature of your complaint/ appeal including dates, times and other people involved: <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	
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	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/>			
Investigation:			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
Resolution:			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
Follow up or Corrective Action Taken:			
<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
	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			