

Student Complaints and Appeals Form

Student Details			
Student Name			Student ID
Student's current address		Reason(s)	<input type="checkbox"/> Student Complaint <input type="checkbox"/> Student Appeal <input type="checkbox"/> Assessment Appeal <input type="checkbox"/> Other (Please specify)
Phone Number		Date of Birth	
Email Address			

Complaint	
Provide as much detail as possible on complaint including cause	
Nature of complaint	
Details of your complaint	
People involved	
Date of the incident	
Cause(s)	
List of documents/evidence attached	1. 2. 3.

Appeal Provide as much detail as possible on appeal including grounds for appeal	
Decision being appealed	
Stated grounds for appeal:	
Has appeal been lodged in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List of documents/evidence attached	1. 2. 3.

For Office Use Only

Actions To Be Undertaken		
Action to be taken to address complaint/Appeal:		
Action	Who by	By When

Record of Outcome	
Complaint	Appeal Detail outcomes from Appeals process
<p>Agreed action completed and complaint effectively dealt with?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, detail further action(s) to be taken.</p>	<p>Was the student successful in their appeal?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide details of the documented changes required to reflect successful appeal:</p> <ul style="list-style-type: none">• Changes required: • Timeframe for changes: <p>If No, or when changes have been made the appeal can then be signed off as complete.</p>

<p>-----</p> <p>Sign off only to be done when the complaint has been fully addressed and resolved.</p> <p>Date:</p> <p>Name and position:</p> <p>Signed:</p>	<p>-----</p> <p>Sign off only to be done when the complaint has been fully addressed and resolved.</p> <p>Date:</p> <p>Name and position:</p> <p>Signed:</p>
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