



COMPLAINTS/APPEAL FORM

This form is to be filled out by the Complainant and submit to Student Services. The Principal (PEO) will review the application.

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| Complainant Name: | Student Number: |
| Email: | Contact No: |
| Course: | Date of Incident: |
| Please describe the matter that you want to raise as a complaint/appeal: | |
| Complaint Resolution- Please answer the questions below: | |
| 1. Have you discussed the issue(s) with the person involved or the relevant member of staff or the trainer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you discussed the complaint with the Academic Manager or Student Services and Administration Manager | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. If your answer to no. 2 is yes, was the resolution not appropriate or effective? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you not satisfied with the suggested resolution? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please describe efforts made to resolve the issue around the complaint: | |
| Complainant's Signature: | Date: |

For Office Use Only

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| Note: Please attach the completed form with any other supporting evidence and submit it to the Principal within 24 hours | |
| Follow up Complaints and Assessment Appeal Register (CAAR): <input type="checkbox"/> Yes <input type="checkbox"/> No Allocated CAAR No.: Date CAAR Raised: | The Decision of Appeal: Signature of the Principal: _____ Date: _____ |
| Complaints/Appeal Received by the Principal <input type="checkbox"/> Yes <input type="checkbox"/> No | |