



COMPLAINTS AND APPEALS APPLICATION

This form is for Domestic students only

Please read the Complaints and Appeals Policy before completing this document.

OFFICE USE ONLY

Received by: _____

Signature: _____

Date: ____ / ____ / ____

Cost of Appeals: *If the student indicates that they wish to appeal the college decision, the costs associated with the appeal will be: \$ xxx.xx. If the student wins the appeal then the college will refund the entire \$xxx.xx to student within 5 business days of decision by external appeals adjudicator, however, if the college decision is upheld then there is no refund to student.*

STUDENT DETAILS	
Family Name:	Given Name/s:
Course Title	Student ID:
Home Telephone:	Mobile Number:
Submission Date:	Email:
This application is regarding a Complaint <input type="checkbox"/> Appeal <input type="checkbox"/> <i>(tick appropriate box)</i>	
Relevant dates:	
Details of complaint <i>(please detail full reasons for complaint/appeal)</i>	
Steps taken to resolve complaint	
What supporting evidence have you attached to this document?	
I hereby declare that the above information is true and correct.	
Student Name: _____	
Student Signature: _____	
Date: ____ / ____ / ____	

Please return this form to the College Manager

This application will be actioned within 10 business days of being received

OFFICE USE ONLY	
To be completed by College Manager	
Supporting evidence was supplied:	YES <input type="checkbox"/> NO <input type="checkbox"/> Comment:
Decision by College Manager must be completed within 10 business days of the date of receiving this application	The decision is to agree with the validity of the complaint and take appropriate action to remedy issue <input type="checkbox"/> The decision is to dismiss the complaint <input type="checkbox"/> The reasons for the decision is:
What was the basis of the decision?	
Has student been provided a copy of this document and outcome letter, listing the decision and reason for decision? Provide evidence of acknowledgement receipt by student	
Manager Student Relations Signature:	
College Manager Signature:	
APPEALS	
	College Manager to complete this section if the student accesses the external appeal process
Date of application for external appeal:	
Name of External Appeal Adjudicator:	
Decision by External Appeal Reviewer Has the outcome of appeal letter been provided to student?	
Comments by College Manager	
College Manager Signature:	

Note to Managers Student Relations and College Manager

This application must be actioned within 10 business days, refer to Complaints and Appeals Policy.
 A copy of the form must be provided to student.