**Complaints and Appeals Form**

For information related to this form, please see Australian College ‘*Complaints and Appeals Policy and Procedure*’.

Is this a: Complaint Appeal

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| **Full Name:** |  | **Student ID:** |
| **Address:** |  |
| **Email Address:** |  | **Phone No:** |  |
| **Qualification/Course Undertaken:** |  |

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| **Details of your Complaint or Appeal:** | **Date of Occurrence:** |
| **Reason for your submission / concern**: *(Please provide as much detail as possible and attach any supporting evidence you may have to support your complaint/appeal)* |
| **Occurrences leading up to this submission:** *(Outline any steps taken prior to submitting your formal complaint or appeal.)* |
| **Details of any other parties involved:** *(Include full name and position)* |
| **Outcomes you are seeking from this process:** |
| **Complainant/Appellant Declaration**  |
| By signing this form, I confirm that the information provided is true and correct .**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |