



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.

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

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:
Complaints/Appeal Received by the Principal <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of the Principal: _____ Date: _____