



## 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.

<b>Complainant Name:</b>	<b>Student Number:</b>
<b>Email:</b>	<b>Contact No:</b>
<b>Course:</b>	<b>Date of Incident:</b>
<b>Please describe the matter that you want to raise as a complaint/appeal:</b>     	
<b>Complaint Resolution- Please answer the questions below:</b>	
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
<b>Please describe efforts made to resolve the issue around the complaint:</b>     	
<b>Complainant's Signature:</b>	<b>Date:</b>

**For Office Use Only**

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