



Student Complaints and Appeals Procedure

STUDENT COMPLAINT LODGEMENT FORM

Privacy Notice: The information provided on this form will be used by the College to follow up your complaint. In some circumstances the College may provide the information to external authorities if this is required by Law. You are providing this information voluntarily. It will be stored securely and treated confidentially. You may correct any personal information at any time by contacting the Campus Grievance Counsellor. (Before completing this form, please ensure you have read the Student Complaints and Appeals Policy and Procedure.)

| | | |
|-----------------------------|--------------------------------|------------------------------|
| Student Number: | | Date: |
| Mr/Mrs/Ms | Surname or Family Name: | Other or Given Names: |
| Residential Address: | | |
| Contact Phone Nos. | | Email: |

Course Title:

DESCRIBE YOUR COMPLAINT

Please state the details of your complaint clearly, including any evidence you have to support your complaint (Attach a separate sheet if necessary.)

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WHAT STEPS HAVE YOU TAKEN TO TRY TO RESOLVE THE ISSUE INFORMALLY?

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WHY WAS THE RESPONSE YOU RECEIVED UNSATISFACTORY?

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WHAT DO YOU THINK NEEDS TO BE DONE TO ADDRESS YOUR CONCERNS?

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| Student Signature | Date |
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On completion of this form, please deliver or send to the Campus Grievance Counsellor

FOR COLLEGE OFFICE USE ONLY

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|---|-------------|
| GRIEVANCE RECEIVED BY | |
| DATE | |
| CAMPUS | |
| IMMEDIATE ACTION TAKEN | |
| <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | |
| STUDENT WAS INFORMED IN WRITING OF THE OUTCOME OF THE INVESTIGATION (INCLUDING REASONS FOR THE DECISION MADE), ON (date) | |
| <input type="checkbox"/> STUDENT WAS SATISFIED WITH THE OUTCOME | |
| <input type="checkbox"/> STUDENT WAS NOT SATISFIED, AND WAS ADVISED OF THE INTERNAL APPEAL REVIEW OPTION ON (date) | |
| CAMPUS GRIEVANCE COUNSELLOR'S SIGNATURE | DATE |
| FURTHER ACTION TAKEN TO RESOLVE THE COMPLAINT | |
| <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | |