

COMPLAINTS AND APPEALS FORM

APPLICANTS DETAILS		
Name:		
Email:	Mobile:	
Address:		
PLEASE INDICATE WHICH OF THE FOLLOWING APPLIES TO YOU		
<input type="checkbox"/> Current Student	<input type="checkbox"/> Past Student	<input type="checkbox"/> Prospective Student
<input type="checkbox"/> Workplace or Employer	<input type="checkbox"/> Partner Organization	<input type="checkbox"/> Other _____
PLEASE INDICATE IF YOU ARE LODGING A COMPLAINT OR APPEAL		
<input type="checkbox"/> Complaint	<input type="checkbox"/> Appeal (unrelated to assessment)	<input type="checkbox"/> Assessment Appeal
DETAILS OF COMPLAINT/ APPEAL/ ASSESSMENT APPRAL		
<i>*Please attach a separate page if the space above is not sufficient to write the details</i>		
Did You speak with your trainer to resolve the complaint? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Did you speak with student support service to resolve the complaint? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
STUDENT SIGNATURE		
		Date:
OFFICIAL USE ONLY		
Form received date:	Received by:	Register Updated? <input type="checkbox"/> Yes <input type="checkbox"/> No