

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 APPEAL	
<p>*Please attach a separate page if the space above is not sufficient to write the details</p>	
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	
<input type="checkbox"/> I declare that the information provided by me is true and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information in relation to my complaint/appeal may delay the processing of my application.	
<input type="checkbox"/> I have attached documentation (original / certified copies) to support my complaint/appeal application.	
STUDENT SIGNATURE	
	Date:

RETURN COMPLETED FORM TO		
Brisbane students StudentSupport-BNE@brighton.edu.au		Melbourne students StudentSupport-MEL@brighton.edu.au
OFFICIAL USE ONLY		
Form received date:	Received by:	Decision outcome (please tick)
Reason (s) for outcome		<input type="checkbox"/> Approved <input type="checkbox"/> Declined
		Date
Approved by		Student notified on (Date)