

# COMPLAINTS/APPEAL FORM

To be filled out by the Complainant and submit to Student Services. 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>	
<p><b>Complaint Resolution- Please answer the questions below then describe efforts made to resolve the issue around the complaint following our procedures:</b></p> <p>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</p> <p>2. Where that is not appropriate or not effective, the complaint can be discussed with the Academic Manager or Student Services &amp; Administration Manager. Have you done this? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. If you are filling in this form, does this mean you are not satisfied with the suggested resolution? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<b>Please explain:</b>	
<b>Complainant's Signature:</b>	<b>Date:</b>

## For Office Use Only

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