

CFS05 Student Complaints and Appeals Form

Student Details					
Student Name:					
Student ID (if applicable)					
Contact Details:	Phone:				
	Address:				
	Email:				
Which of the following most appropriately describes your relationship with the Institute?					
Prospective student	<input type="checkbox"/>	Work placement provider	<input type="checkbox"/>		
Current student	<input type="checkbox"/>	Partner organisation	<input type="checkbox"/>		
Past Student	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Please indicate if you are lodging a complaint, appeal or an assessment appeal.					
Complaint	<input type="checkbox"/>	Assessment Appeal	<input type="checkbox"/>	Appeal (unrelated to assessment)	<input type="checkbox"/>
Please outline the reasons for your complaint or appeal in as much detail as possible (i.e. specific details of the event or grievance, names of witnesses, time, date, etc.) You may attach additional pages and supporting information as needed.					
Please indicate the steps you have taken in the complaint and appeal process					

For complaints and appeals not related to assessment, please complete the following.

Please make any suggestions to resolve this issue.

Are there particular staff members of the Institute who may be involved in the investigation of this complaint or appeal and in what way?

For assessment appeals, please complete the following.

Which unit and/or task is this appeal in relation to?

Student Signature		Date:	
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OFFICE USE ONLY

Register No:		Received Date:	
Recorded by:		Date recorded:	
Form Processing			
Step	Department of Processing	Process Timeline as indicated in the policy and procedures	
1			
2			
3			
4			
5			
Final Results			
Approved by:	Signature:	Date of Informing Student _ / _ / _	
Name of Staff in Charge:	Signature:	<input type="checkbox"/> Emailing <input type="checkbox"/> Face to face meeting	