

CFS03 Complaints and Appeals Form

PERSONAL DETAILS	
Full Name:	
Position of Complainant/Appellant:	
Phone No:	
Email:	
<i>If the complainant is student, please provide the following details</i>	
Student ID:	
Course Name:	
Complaint/Appeal details	
<input type="checkbox"/> Complaint Details Date the cause of complaint occurred: _____/_____/_____ Reason for the complaint: <ul style="list-style-type: none"> <input type="checkbox"/> General Operations <input type="checkbox"/> Assessment <input type="checkbox"/> ESOS related complaint Have you complained about the issue before? <ul style="list-style-type: none"> <input type="checkbox"/> yes <input type="checkbox"/> No If yes, please give the date, the complaint was lodged. _____/_____/_____	<input type="checkbox"/> Appeal Details Date to which this appeal refers to: ____/____/____ Reason for the appeal: <ul style="list-style-type: none"> <input type="checkbox"/> Assessment outcome <input type="checkbox"/> Any outcome of any application for request <input type="checkbox"/> ITR (Non-payment) <input type="checkbox"/> ITR (Poor course progress) <input type="checkbox"/> Any disciplinary action taken against you. other (please specify below)
Complaint/Appeal Summary	
(Please give detailed explanation of complaint/appeal and attach any supporting evidence)	

Declaration

(Please tick before you sign)

- All the information provided in this form is correct and accurate to the best of my knowledge.
- I am happy to attend any meeting with relevant persons required to resolve the issue.

Signature:

Date:

Office Use Only

Complaint/Appeal Receiving Staff member:	
Date:	
Name of members in panel for resolving the issue	
Actions proposed:	

Declaration by complainant/Appellant

(Please tick before you sign):

- I acknowledge that I have been communicated the outcome of the complaint/appeal lodged by me.
- I agree to the decision made by the panel and happy to accept it.
- I disagree to the decision made by the panel and would like to escalate it to an external body, and I have been advised of all the required information in this regard.

Signature: _____ Date: _____

Print Name: _____

Signature of PARAGON POLYTECHNIC representative: _____ Date: _____

Print Name: _____