

COMPLAINTS AND APPEALS FORM

Use for all student complaints or appeals.

Date raised _____

| REASON(S) | TICK |
|-------------------|------|
| Student Complaint | |
| Student Appeal | |
| Other (specify) | |

Name of Student: _____

Student ID: _____

The student is to complete section 1 only, either the complaints column or the appeals column.

Section 1 Complaint or Appeal

| <p style="text-align: center;">Complaint</p> <p style="text-align: center;">Provide as much detail as possible on complaint including grounds for complaint</p> | <p style="text-align: center;">Appeal</p> <p style="text-align: center;">Provide as much detail as possible on appeal including grounds for appeal</p> |
|---|--|
| <p>Nature of complaint:</p> <p>People involved, including respondent:</p> <p>Dates of occurrence:</p> <p>Grounds for complaint:</p> <p>Student's proposed remedy:</p> | <p>Decision being appealed:</p> <p>Stated grounds for appeal:</p> <p>Has appeal been lodged in writing?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> |

OFFICE USE ONLY

Section 2 Action to be taken

| | |
|--|--|
| <p>Action to be taken to address complaint:</p> <p>Who by:</p> <p>By When:</p> | <p>After discussion is the appeal to be pursued by the student?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, advise the Training Manager who will arrange a convening of independent person(s) to hear the appeal.</p> <p>Has the student been advised of the Appeals process?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|--|

Section 3 Complaint or Appeal Outcome

| Complaint | Appeal Detail outcomes from Appeals process |
|--|---|
| <p>Agreed action completed and complaint effectively dealt with?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, detail further action(s) to be taken.</p> <p>Sign off only to be done when the complaint has been fully addressed and resolved.</p> <p>Signed: _____</p> <p>Training Manager</p> | <p>Was the student successful in their appeal?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide details of the documented changes required to reflect successful appeal.</p> <p>Changes required:</p> <p>Timeframe for changes:</p> <p>If No, or when changes have been made the appeal can then be signed off as complete.</p> <p>Signed: _____</p> <p>Training Manager</p> |