

Complaints and Appeals Form

Your Details			
Name:			
Student ID (if applicable)			
Contact Details:	Phone:		
	Address:		
	Email:		
Date:			
Which of the following most appropriately describes your relationship with the Institute?			
Prospective student	☐	Work placement provider	☐
Current student	☐	Partner organisation	☐
Past Student	☐	Other	☐
Please indicate if you are lodging a complaint, appeal or an assessment appeal.			
Complaint	☐	Assessment Appeal	☐
		Appeal (unrelated to assessment)	☐
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 to date to resolve complaint or appeal.			

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

Please make any suggestions you have 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?

Signed:

Date:

Please forward this completed form to our office on the details below.

E:mail: Studentservices@centralcollege.edu.au

Address: 2/61 Jerrabomberra Avenue, Narrabundah ACT 2604

Office Use Only				
Received By				
Application Status	☐ Approved	☐ Rejected		
Processed By		Signature		Date
Staff Comments				