

## COMPLAINTS AND APPEALS FORM

Student Name:	<input type="text"/>	Date:	<input type="text"/>
Phone Number:	<input type="text"/>	Email:	<input type="text"/>
Student ID:	<input type="text"/>	Course:	<input type="text"/>
Address:	<input type="text"/>		

Please indicate if you are lodging a complaint or appeal:

- Appeal (Please tick appeal purpose)
- Notice of intention to cancel       Assessment outcome       Disciplinary action against you
- Others (Please specify)

- Complaint (Please specify the nature of complaint)

**1. Please outline the reason for your complaint or appeal in as much detail as possible. you may attach additional pages and supporting information as needed.**

**2. Please make any suggestions you have to try and resolve this issue.**

**3. Are there particular TSS staff members who may need to be involved in investigating this complaint or appeal, and if so, in what way?**





TRAINING **REDEFINED**

**OFFICE USE ONLY:**

1. Received by (staff member name)

Date \_\_/\_\_/\_\_\_\_\_

2. Referred to Administration / Academic Manager

Date \_\_/\_\_/\_\_\_\_\_

3. Referred to PEO (If requested) by \_\_\_\_\_ (Attach outcome to this document)

Date \_\_/\_\_/\_\_\_\_\_

4. Referred to External Mediation (If requested) by \_\_\_\_\_ (Attach outcome to this document)

Date \_\_/\_\_/\_\_\_\_\_

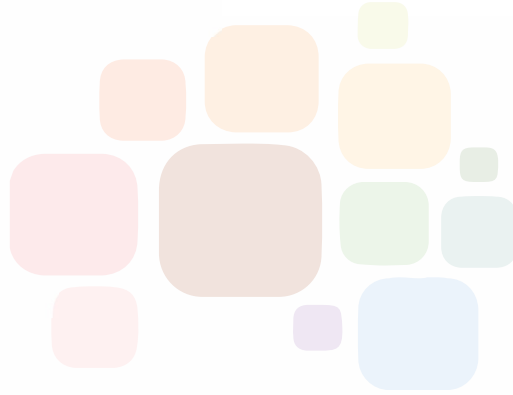
5. Contacted complaints & informed of the outcome by

Date \_\_/\_\_/\_\_\_\_\_

**RECORD OF RELEVANT PARTIES**

**RECORD OF OUTCOME**





Record of the outcome by

Date

