

COMPLAINTS & APPEALS FORM

Student Name:			
Telephone Number	Home		Mobile
Email Address			
Address			
State		Postcode	

COMPLAINT/APPEAL DETAILS			
Reason for this Appeal (Please tick)		Reason for this complaint (Please tick)	
<input type="checkbox"/>	Assessment outcome, unit:	<input type="checkbox"/>	Staff member (Please Provide Name):
<input type="checkbox"/>	Disciplinary action taken against you	<input type="checkbox"/>	Services (Please Specify)
<input type="checkbox"/>	Attendance Records	<input type="checkbox"/>	Other (Please Specify)
<input type="checkbox"/>	Course Fees	Have you complained about this issue before? <input type="checkbox"/> Yes, Date <input type="checkbox"/> No	
<input type="checkbox"/>	Notice of Intention to Cancel you		
<input type="checkbox"/>	Other (Please Specify)		

COMPLAINT/APPEAL SUMMARY			
Please outline the reasons for your complaint/appeal and attach any evidence			
All the information that I provided above is correct and genuine to the best of my knowledge			
Student Name:			
Signature:		Date	

OFFICE USE ONLY: OUTLINE ACTION TAKEN AND OUTCOME.			
Outcome	<input type="checkbox"/>	Successful	<input type="checkbox"/>
			Unsuccessful
Head Trainer's Signature		Date	
Chief Executive Officer's Signature		Date	

***Complaint & Appeals Form submit to admin@riseeducation.edu.au**