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COMPLAINTS AND APPEALS FORM

Student Name: _____   Date: _____

Phone Number: _____   Email: _____

Student ID: _____   Course: _____

Address: _____

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 resolve this issue.

[ ]

3. Are there particular Contempo College staff members who may need to be involved in the investigation of this complaint or appeal, and if so in what way?

[ ]

Signature: _____   Name: _____

Date: _____

OFFICE USE ONLY:

1. Received by (Contempo 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

RECORD OF RELEVANT PARTIES

RECORD OF OUTCOME

Record of outcome by   Date

Contacted complaints & informed of outcome by   Date