

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 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:

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Version: 3.0	Approved: January 2026	Review Date: December 2027
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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

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