



Complaints and Appeals Form

To be filled out by the student and submitted to Student Services Representative

Student Name:	Student ID Number:
Address:	
Telephone:	Date of Incident:
Course:	Type of Incident: Complaint <input type="checkbox"/> Appeal <input type="checkbox"/>
Describe the nature of the complaint/appeal:	
Describe any efforts made to resolve the issue:	
Student Signature:	Date:



For Office Use Only

Detailed Action Taken:

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Continuous Improvement Request Raised: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date CIR Raised:	
CIR Raised by:		Note: Please attach completed form and any other supporting evidence and submit with CIR to the RTO Manager within 24 hours.	
Signed:		Date:	
CIR Received by the _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		Allocated CIR No.:	
Signature of the Representative:		Date:	