

## COMPLAINTS AND APPEALS FORM

Student name:

Date:

Phone/Mobile:

Email:

Please indicate if you are lodging a complaint or appeal:

Complaint

Appeal

1. Please outline the reasons 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 Collins Institute of Australia staff members who may need be involved in the investigation of this complaint or appeal, and if so in what way?

Signed:

Printed name:

Date:

## COMPLAINTS AND APPEALS FORM

### OFFICE USE ONLY

1. Received by (Collins 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 THE OUTCOME

Record of outcome by

Date:

Contacted Complaints & informed of outcome by

Date: