

COMPLAINTS AND APPEALS APPLICATION FORM

This form is for Skills First and Fee-for-Service Students Only

Please read the Complaints and Appeals Policy before completing this document.

OFFICE USE ONLY

Received by: _____

Signature: _____

Date: ____ / ____ / ____

| | | | |
|------------------------|--|-----------------------|--|
| STUDENT DETAILS | | Student ID Number: | |
| Student Given Name | | Name: Student Surname | |
| Mobile: | | | |
| Address: | | Email: | |
| Course Code and Title | | | |

This application is regarding a: *(tick appropriate box)*

☐ Complaint

☐ Appeal

Date of Complaint / Appeal received:

Details of complaint /appeal *(please detail full reasons for complaint/appeal)*

Steps taken to resolve complaint/Appeal

What supporting evidence have you attached to this document?

I hereby declare that the above information is true and correct to the best of my knowledge

Student Name:

Student Signature:

Date: ____ / ____ / ____

Please return this form to the Student Support Officer/General Manager

| OFFICE USE ONLY | |
|--|--|
| To be completed by Student Support Officer /General Manager Supporting evidence was supplied: | <input type="checkbox"/> YES <input type="checkbox"/> NO Comment/s: |
| Decision by Student Support Officer /General Manager must be completed within the timelines in the complaints / Appeal policy. | |
| Outcome of the Investigation Date: | |
| Has the outcome been communicated to the student | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Student satisfied with the outcome | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If No, refer to external appeal process | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| APPEALS | Student Support Officer/General Manager to complete this section if the student accesses the external appeal process |
| Date of application for external appeal: | |
| Name of External Appeal Adjudicator: | |
| Decision by External Appeal Reviewer Has the outcome of the appeal letter been provided to the student? | |
| Comments by Student Support Officer/General Manager | |
| Student Support Officer/General Manager/appointed representative Signature: Date: | |

****Note to JTI staff: Ensure a copy of this completed form is issued to the student and retained on file.**