

## 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**

<b>OFFICE USE ONLY</b>	
<b>To be completed by Student Support Officer /General Manager</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Supporting evidence was supplied:	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
<b>APPEALS</b>	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.**