

COMPLAINTS / APPEALS FORM

This form is to be used for:

- Complaints & appeals against academic assessment;
- Appeals against the notification of intention to cancel COE;
- Appeals against the application for deferment/suspension/cancellation the overseas Student's enrolment;
- General Complaints

STUDENT DETAILS	
Student full name:	
Student ID:	
Address:	
Email:	Phone:
Course/Unit:	Date:
REQUEST	
Please tick the appropriate box: <input type="checkbox"/> Appeal <input type="checkbox"/> Complaint	
Area of complaint/appeal	
<input type="checkbox"/> Training <input type="checkbox"/> Assessment <input type="checkbox"/> Attendance <input type="checkbox"/> Services provided <input type="checkbox"/> Personal conflict/behaviour <input type="checkbox"/> Other – give details below: <hr/>	
COMPLAINT/APPEAL	
Please describe the details of the complaint or appeal (you may attach supporting documentation if required).	
Have you taken any steps to resolve this issue? If yes please provide details:	
What outcome would you like to see from raising this complaint/appeal?	
STUDENT DECLARATION	
<input type="checkbox"/> I have received, read and understand the ACCHS Complaints and Appeals process <input type="checkbox"/> I declare that the information I have provided on this application, and attachments are true and correct. <input type="checkbox"/> I agree that ACCHS may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further. <input type="checkbox"/> I understand that this information may also be used for the continuous improvement of the RTO's operations. <input type="checkbox"/> Processing time is 21 days from the date of receipt.	
Student Name:	
Student Signature:	Date:

OFFICE USE ONLY		
DATE RECEIVED/OFFICER Name and signature		
Name:	Signature:	Date:
<input type="checkbox"/> Acknowledged in writing of compliant/appeal received		
<input type="checkbox"/> Details of investigation		
<input type="checkbox"/> Outcome		
<input type="checkbox"/> Reasons for outcome		
<input type="checkbox"/> Required action		
Processed by:		
Name:	Signature:	Date: