



## Complaints & Appeals Form

Student Details	
Date:	
Name:	
Student ID:	
Address:	
Email:	
Phone:	
Course:	

Section 1	
<b>Does your complaint relate to any of the following areas?</b>	
<input type="checkbox"/> Trainer/Assessor	<input type="checkbox"/> College Facilities (classrooms, wardrobe, toilets)
<input type="checkbox"/> Other Student	<input type="checkbox"/> Equipment (kitchen, classrooms)
<input type="checkbox"/> Sales & Marketing	<input type="checkbox"/> Policy
<input type="checkbox"/> Finance	<input type="checkbox"/> Student Support Services
<input type="checkbox"/> Other (provide details)	
<b>Please provide a statement giving full details of your complaint/appeal</b>	
Your statement should include the following information:	
<ul style="list-style-type: none"><li>• Name and title of people involved</li><li>• Dates and times of events</li><li>• The name of people or organisation you may have approached in relation to your complaint/appeal</li><li>• The effect the complaint or appeal has had on you</li></ul>	
Please attach copies of any documents relating to your complaint/appeal (for example any witness statements)	

**Your Statement:**

**Section 2**

**What actions have you taken in an attempt to resolve this matter before submitting this form?**

<b>Section 3</b>
<b>Privacy</b>
In compliance with the Crown College Privacy Policy, the information contained on this form will only be used for purposes associated with this application. Information collected is used solely for the purpose of assisting Crown College to make an informed decision on your case and will not be disclosed unless authorised by you, or required by law.

<b>Section 4</b>	
<b>DECLARATION</b>	
I declare that the information provided and submitted by me on this form along with any supporting documents are accurate in all respects. I acknowledge that the provision of false or incorrect information may result in the termination of my enrolment with Crown College. I have read and understood the Crown College Privacy Policy and Complaints & Appeals Policy.	
Signature:	
Date:	

<b>OFFICE USE ONLY</b>		
Date Form received	/ /	Initial:
Date Acknowledgement Letter sent	/ /	Initial:
Complaints & Appeals Register	/ /	Initial:
Signature:		Date : / /

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