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Description automatically generated

St Columban’s College

***COMPLAINTS AND APPEALS FORM -* STUDENT FORM**

Students who have a complaint or appeal should refer to the publicly available Complaints and Appeals Policy and Procedure prior to completing and submitting this form.

|  |  |  |
| --- | --- | --- |
| **STUDENT DETAILS** | |  |
| **Full Name** |  | |
| **Year Level** |  | |
| **Email address** |  | |
| **Teacher** |  | |
| **Mobile Number** |  | |
| **Date** |  | |

|  |  |
| --- | --- |
| **COMPLAINT DETAILS** |  |
| **Qualification code** |  |
| **Qualification title** |  |
| **Please provide details of the complaint below:** | |
|  | |

I declare that the information and documentation given is true and accurate

STUDENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLAINTS OUTCOME:**

Upheld  Denied  More Evidence Required

**WRITTEN NOTICE PROVIDED:**   YES  NO

|  |  |
| --- | --- |
| **APPEAL DETAILS** |  |
| **Qualification Code** |  |
| **Qualification title** |  |
| **Units of competency for which appeal is being sort** | |
| **Code** | **Title** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Please provide reasons for requesting this appeal:** | |

I declare that the information and documentation given is true and accurate

STUDENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPEALS OUTCOME:**

Upheld  Denied  More evidence required

**WRITTEN NOTICE PROVIEDED:**  YES  NO

**Privacy Notice**:

*The information provided on this form will be used to follow up your complaint or appeal. The information may be provided to staff or external bodies who are in a position to remedy your complaint or appeal. The information will be stored securely and you may access or correct any personal information provided at any time by contacting the person to whom you submit this form.*

|  |
| --- |
| For Office Use ONLY |
| Processed by: Signature: Date: |
| CEO Notified :  YES  NO  Recorded in secure Complaints and Appeals Register:  YES  NO  Notified in writing within 60 calendar days:  YES  NO  Outcome reached:  YES  NO |