



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 PROVIDED: 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 : <input type="checkbox"/> YES <input type="checkbox"/> NO		
Recorded in secure Complaints and Appeals Register: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Notified in writing within 60 calendar days: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Outcome reached: <input type="checkbox"/> YES <input type="checkbox"/> NO		

