



Complaints and Appeals Form

Complaints and Appeals Form



Australian Technical College
WESTERN AUSTRALIA
RTO Code: 41279 CRICOS Code: 03437B

Student Details	
Today's Date:	/ /
Students Surname:	Title:
Students Given Name:	DOB: / /
Students ID No.:	
Best Contact Number:	()
Address:	Suburb: State: Postcode:
Mailing Address (if same as address above, please write 'As Above'):	
What is your association with ATCWA?	<input type="checkbox"/> Student? <input type="checkbox"/> Staff Member / Employee? <input type="checkbox"/> Employer? <input type="checkbox"/> Other, please describe:
Qualification / Course Enrolled In:	
Course Start & End Dates:	Start Date: / / End Date: / /
Description and Nature of the Complaint/Appeal: (please attach any supporting evidence to this form)	

Student Signature:	Date: / /
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~ Office Use Only ~	
IMPORTANT: Supporting documentation and evidence, including all communications, must be applied at all stages and must accompany this form.	
Date Received (Date/Who): Entered on the Complaints & Appeals Register?	<div style="display: flex; justify-content: space-between;"> / / By Whom? </div> <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide date: / /
Acknowledgement Letter Sent to student (Date/Who):	<div style="display: flex; justify-content: space-between;"> / / By Whom? </div>
Form & Supporting Evidence Referred To (Name, Position & Date):	Name:
	Position:
	Date: / /
Does this person have a conflict of interest in managing this complaint or Appeal? If yes, how is the conflict of interest being managed?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
To be finalised and responded to by:	<div style="display: flex; justify-content: space-between;"> / / By Whom? </div>
Action taken: (Response from Management)	
Details of how this complaint/Appeal was resolved by ATCWA:	
Date of Advice to Student:	<div style="display: flex; justify-content: space-between;"> / / </div>
Complaint or Appeal Resolved:	<input type="checkbox"/> No - referred for Independent Adjudication? <input type="checkbox"/> Provide date: / / <input type="checkbox"/> Yes
	Date: / /
	DOO/DOS Signature: