

Complaints & Appeals Form



Complaints & Appeals Form

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Details of Complainant/Appellant		
Title:		
Given Name:		
Family Name:		
ATCWA ID No: <i>(If applicable)</i>		
Current Contact Number:	()	
Email Address:		
Residential Address:		
	<table border="1"> <tr> <td>State:</td> <td>Postcode:</td> </tr> </table>	State:
State:	Postcode:	
Mailing Address <i>(If same as the address above, please write 'As Above'):</i>		
Details of the Qualification / Course enrolled in: <i>(If applicable)</i>		
	<table border="1"> <tr> <td>Start Date: / /</td> <td>End Date: / /</td> </tr> </table>	Start Date: / /
Start Date: / /	End Date: / /	
Description of the Complaint/Appeal: <i>(Please submit all required supporting evidence along with this form)</i>		

Student Signature:	Date: / /
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Office Use Only	
IMPORTANT: All supporting documentation/evidence including all forms of communications must be reviewed at all stages of the complaint/Appeal.	
Date Appeal/Complaint Received:	/ /
Date the Appeal/Complaint entered into the register:	/ /
Date acknowledgement Letter sent to the Complainant/Appellant:	/ /
Date the Complaint/Appeal review: <i>(Should review within 10 business working days from the date that the appeal/Complaint received)</i>	
Appeal/Complaint outcome:	
Does the complaint/Appeal is required to review by an independent third party: <i>(If YES, provide further details)</i>	Yes: No:
Date that the outcome notified to the Complainant/Appellant:	/ /
Complaint/Appeal Reviewed by:	Name: Position:

Signature of DOS/Compliance:	Date: / /
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