

COMPLAINTS AND APPEALS FORM

Before completing this form, please read and understand the Complaints and Appeals Policy and Procedure.

STUDENT NAME:
DATE OF BIRTH:
STUDENT ID NUMBER:

In order for us to efficiently resolve the issue concerning you, please provide the details of your Complaint /Appeal in the space provided below:

DATE OF OCCURRENCE:	TIME OF OCCURRENCE:
PLACE OF OCCURRENCE:	
NATURE OF COMPLAINT (Any additional supporting documents should be attached to this form):	

STUDENT SIGNATURE:
DATE OF LODGING COMPLAINT/APPEAL:

OFFICE USE ONLY**OUTCOME OF THE COMPLAINT:****Please Tick the following boxes when the process has been actioned**

- The student has been notified of the outcome of their complaint in writing
- The resolution phase commenced within 5 working days of the complaint being lodged.
- A maximum of 30 working days from commencement will be allowed for the resolution phase of a complaint, unless all parties agree in writing to extend this time.

SIT Representative Name:**SIGNATURE:****DATE:**