



## Student Complaint and Appeal Form

Student Details		Application Details:			
First Name:		Select your reason for this application:			
Last Name:		<input type="checkbox"/> Appeal	<input type="checkbox"/> Complaint		
Student ID:		Select reason for Appeal:	Select reason for Complaint:		
Mobile:		<input type="checkbox"/> Intention to Report for Attendance	<input type="checkbox"/> Trainer		
Email Address:		<input type="checkbox"/> Intention to Report for Course Progress	<input type="checkbox"/> Staff member		
Address:		<input type="checkbox"/> Intention to Report for Non-Payment	<input type="checkbox"/> Services		
Suburb:		<input type="checkbox"/> Student Misconduct/ Misbehaviour	<input type="checkbox"/> Other: _____		
Post Code:		<input type="checkbox"/> Academic Outcome/ Decision			
Course enrolled:		<input type="checkbox"/> Withdrawal/ Release			
Class Format:		<input type="checkbox"/> Other: _____			
Appeal/ Complaint Details					
<p><i>Reason for Appeal/ Complaint application. Please specify: (You must provide a detailed statement, outlining the grounds for your appeal or complaint. Your statement for appeal should address the reasons for your performance and how you have rectified, or intend to rectify, these issues so that your studies will not be affected in the future.) Attached additional pages if necessary.</i></p>					
Supporting Evidence					
<input type="checkbox"/> Attached to application		<input type="checkbox"/> I do not wish to provide	<input type="checkbox"/> Extension required for gathering documents		
<p><i>You must provide independent supporting document (e.g. from a specialist doctor, GP, counsellor, Justice of the Peace, or any written communications) that can prove your statement as true statement. <b>IMPORTANT: Please note, if you choose to submit your application without supporting documents, your application may be rejected. There is no further opportunity to resubmit or have your application reconsidered. You should contact us if you are having difficulty gathering supporting documents by the deadline.</b></i></p>					
Outcome Seeking					
Student Declaration					
<p>In submitting this Appeal/ Complaint application, I agree that:</p> <ul style="list-style-type: none"> <li>I have read and understood the SIA Student Complaints and Appeals Policy and Procedure.</li> <li>I clarify all information including supporting documents submitted is true and genuine.</li> <li>I hereby authorise the college to contact the professional authority concerned for the purpose of verifying.</li> </ul>					
Student Signature: _____		Date: _____			
Type	Forms	Next Revision Date	30.10.2026	Document Owner	Admissions Manager
Version	1.2	Date Amended	30.10.2024	Original Issue Date	01.07.2018
Title	Student Complaint and Appeal Form		RTO: 40732	CRICOS: 03376K	
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OFFICE USE ONLY			
Admin Process			
Received by (Admin Staff):		Date:	
Supporting evidence received:	<input type="checkbox"/> Yes, attached to the application	Type:	<input type="checkbox"/> Printed copies
	<input type="checkbox"/> No, student refused to provide		<input type="checkbox"/> Electronic
Referred to (Responsible staff):		Position:	
Meeting Scheduled:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Student notified via email:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time:	

Appeal/ Complaint Outcome			
Student attended meeting:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Deadline given for further action:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deadline:	
<i>Further action required:</i>			
Decision:	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful	Date:	
<i>Reason for Appeal/ Complaint decision:</i>			
Responsible staff:		Signature:	
Operations Director/PEO:		Signature:	

Admin Process			
Received by (Admin Staff):		Date:	
Student notified via email:	<input type="checkbox"/> Yes	Date:	
Student agreed with outcome:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Responded:	<input type="checkbox"/> via email <input type="checkbox"/> in person
Student advised external appeal:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Advised:	<input type="checkbox"/> via email <input type="checkbox"/> in person
Tracking Sheet Updated:	<input type="checkbox"/> Yes		
Application filed electronically:	<input type="checkbox"/> Yes		
Application filed in hard copy:	<input type="checkbox"/> Yes	Date:	

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