



Student Complaint and Appeal Form

Student Details		Application Details:	
First Name:		Select your reason for this application:	
Last Name:		☐ Appeal	☐ Complaint
Student ID:		Select reason for Appeal:	Select reason for Complaint:
Mobile:		☐ Intention to Report for Attendance	☐ Trainer
Email Address:		☐ Intention to Report for Course Progress	☐ Staff member
Address:		☐ Intention to Report for Non-Payment	☐ Services
Suburb:		☐ Student Misconduct/ Misbehaviour	☐ Other: _____
Post Code:		☐ Academic Outcome/ Decision	
Course enrolled:		☐ Withdrawal/ Release	
Class Format:		☐ Other: _____	
Appeal/ Complaint Details <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>			
Supporting Evidence ☐ Attached to application ☐ I do not wish to provide ☐ Extension required for gathering documents <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. 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.</i>			
Outcome Seeking			
Student Declaration In submitting this Appeal/ Complaint application, I agree that: - I have read and understood the SIA Student Complaints and Appeals Policy and Procedure. - I clarify all information including supporting documents submitted is true and genuine. - I hereby authorise the college to contact the professional authority concerned for the purpose of verifying.			
Student Signature: _____		Date: _____	
Type	Forms	Next Revision Date	30.10.2026
Version	1.2	Date Amended	30.10.2024
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:	☐ Yes, attached to the application	Type:	☐ Printed copies
	☐ No, student refused to provide		☐ Electronic
Referred to (Responsible staff):		Position:	
Meeting Scheduled:	☐ Yes ☐ No	Date:	
Student notified via email:	☐ Yes ☐ No	Time:	

Appeal/ Complaint Outcome			
Student attended meeting:	☐ Yes ☐ No	Date:	
Deadline given for further action:	☐ Yes ☐ No	Deadline:	
Further action required:			
Decision:	☐ Successful ☐ Unsuccessful	Date:	
Reason for Appeal/ Complaint decision:			
Responsible staff:		Signature:	
Operations Director/PEO:		Signature:	

Admin Process			
Received by (Admin Staff):		Date:	
Student notified via email:	☐ Yes	Date:	
Student agreed with outcome:	☐ Yes ☐ No	Responded:	☐ via email ☐ in person
Student advised external appeal:	☐ Yes ☐ No	Advised:	☐ via email ☐ in person
Tracking Sheet Updated:	☐ Yes		
Application filed electronically:	☐ Yes		
Application filed in hard copy:	☐ Yes	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
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