COMPLAINTS AND APPEALS FORM

STUDENT DETAILS

STUDENT NAME

STUDENT NUMBER

CONTACT NUMBER

EMAIL

Type of Complaint, or Request for Appeal (please tick)

☐ GRIEVANCE / APPEAL  ☐ COMPLAINT  ☐ ASSESSMENT DECISIONS

☐ CLASSROOM DISCRIMINATION  ☐ OTHER (please state):

Details Of Complaint / Appeal (attach extra sheets as required, including all required evidence)

STUDENT DECLARATION

I acknowledge that I have read, understand, agree with and shall abide by the terms and conditions of the Qii Complaints and Appeals policy, which may be downloaded from http://www.qii.qld.edu.au/student-services/Forms-Policies.html.

STUDENT SIGNATURE *

DATE

D D / M M / Y Y Y Y

* If student is under 18, student’s parent / suitable nominated relative must sign.

OFFICE USE ONLY

RECEIVED BY

DATE RECEIVED

D D / M M / Y Y Y Y

MANAGING PERSON

POSITION

OUTCOME/ACTION TAKEN

DEPT. NOTIFICATION:

Marketing ☐  Admissions ☐  Academic ☐  Finance ☐  Registrar ☐

DATE OF NOTIFICATION:

Mkg __/__/__  Adm __/__/__  Acd __/__/__  Fin __/__/__  Reg __/__/__

COMMENTS