

Complaints and Appeals Form

This form is to be used to lodge a formal complaint or appeal of an assessment outcome, process or general appeal. Please refer to the Complaints and Appeals Policies and Procedures.

A complaint or request for appeal must be made within 20 working days of the event, circumstance or decision that is the subject of the complaint or request for appeal.

Instructions: Please complete as many fields as possible. We will provide written acknowledgement of receipt of your form has been received within two (2) calendar days of receiving it. If you have questions about this form or you require assistance to complete it, please email us on info@citycollege.edu.au

·					
PERSONAL DETAILS					
Student Surname					
Student Given Name					
Contact number					
Postal Address					
Email					
Please tick the appropri	ate option:				
☐ Complaint					
☐ Appeal					
Details of the complaint or appeal					
What is the outcome you are seeking? Do you have a suggestion or remedy for the complaint or appeal?					

Document Name: Complaints and Appeals Form		RTO Code: 91770	CRICOS Code: 04234E
Version: 1.0	Approved: May 2024	Review Date: May 2025	Page 1 of 2

E: info@citycollege.edu.au

W: www.citycollege.edu.au

T: +61 497 834 448 ABN: 66 114 139 570



UNDERSTANDING THE COMPLAINT OR APPEAL CONDITION				
\square I declare that the inf	ormation provided in this form is, to	the best of my knowledge, Truean	id correct.	
☐ I acknowledge that t appeal.	he City College may use this informat	ion provided by me to investigate	the complaint or	
Learner Signature	Date			

Once this form will be received by City College Administration Department, they will take immediate action.

OFFICE USE ONLY				
Staff Member Name				
Comments (Action Taken, Learner notified of outcome)				
Staff Signature		Date		
Complaints/Appeals Applic	ation Processed	YES □ NO □		
Complaints/Appeals Applic	ation Resolved:	YES NO		

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