

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 sso@citycollege.edu.au

PERSONAL DETAILS			
Student Given Name:		Student Surname:	
Contact number:		Email:	
Postal Address:			
COMPLAINT/APPEAL DETAILS			
Please tick the appropriate option:	<input type="checkbox"/> Appeal	<input type="checkbox"/> Complaint	
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?			
UNDERSTANDING THE COMPLAINT OR APPEAL CONDITION			
<input type="checkbox"/> I declare that the information provided in this form is, to the best of my knowledge, True and correct.			
<input type="checkbox"/> I acknowledge that the City College may use this information provided by me to investigate the complaint or appeal.			
Learner Signature		Date	

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

Document Name: Complaints and Appeals Form	Approved by: CEO	RTO Code: 91770	CRICOS Code: 04234E
Version: 1.1	Reviewed on : July 2026	Next Review Date: July 2027	Page 1 of 2

OFFICE USE ONLY

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Staff Member Name			
Complaints/Appeals Application Processed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Complaints/Appeals Application Resolved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Learner notified of outcome	<input type="checkbox"/> Yes		
Comments (Action Taken)			
Staff Signature		Date	