

## **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

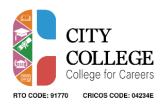
PERSONAL DETAILS				
Student Surname				
Student Given Name				
Contact number				
Postal Address				
Email				
Please tick the appropri Complaint Appeal	ate option:			
Details of the complaint or appeal				
What is the outcome you are seeking? Do you have a suggestion or remedy for the complaint or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

Document Name: Complaints and Appeal	s Form	RTO Code: 91770	CRICOS Code: 04234E
Version: SSS_FR_03_V.01	Approved: May 2024	Review Date: May 2025	Page <b>1</b> of <b>2</b>

E: info@citycollege.edu.au

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

W: www.citycollege.edu.au



UNDERSTANDING THE COMPLAINT OR APPEAL CONDITION				
$\Box$ I declare that the inf	ormation provided in this	form is, to the best of my l	knowledge, True and c	orrect.
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 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 Application Processed				
Complaints/Appeals Application Resolved:	YES 🗆 NO 🗆			



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