



## Complaints and Appeals Report

Student Name:		Staff Member:	
Student No.:		Position:	
Other Interested Parties:		Signature:	
Date Received:		Date:	

Complaints/ Appeals:

---



---



---



---



---

Investigation:

---



---



---



---



---

Resolution:

---



---



---



---



---

Follow up or Corrective Action Taken:

---



---



---



---



---

--

<b>FOR OFFICE USE ONLY – Final Sign off from CEO or Authorised Delegate</b>			
Complaint/Appeal Resolved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:    /    /	
Approved By:	Name:	Supporting documents attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Continuous Improvement Register Updated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Signature:	Notification to student attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Student Management System Updated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			
Student may Appeal <input type="checkbox"/> Yes <input type="checkbox"/> No			