



V3.0 STUDENT COMPLAINT FORM

STUDENT NAME AND ID:	
CONTACT NUMBER:	DATE OF BIRTH:
COURSE NAME:	

Please state the nature of your appeal including dates, time and other people involved. (Any additional supporting documents should be attached with this form)
GENERAL COMPLAINT: ASSESSMENT COMPLAINT: ESOS COMPLAINT:

STUDENT INFORMATION

Expected Resolution Date:	
(Twenty days from the date of lodgment unless agreed by both parties)	
STUDENT SIGNATURE:	DATE: DD/MM/YYYY

OFFICE USE ONLY

Student advised of the outcome: <input type="checkbox"/> Yes / <input type="checkbox"/> No	
NAME:	DATE: