



For Office Use Only			
Receiving staff member:		Position:	
Signature:		Date:	/ /
Complaints / Appeals Referred to:			
Comments:			

Complaints and Appeals Report	
Student Name:	
Student ID:	
Other Interested Parties:	
Complaints / Appeals:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Investigation:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Resolution:	
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Follow up or Corrective Action Taken:

FOR OFFICE USE ONLY – Final Sign off from CEO or Authorised Delegate – Director of Studies			
Approved By:		Complaint/Appeal Resolved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	
Notification to student attached		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Wisenet Updated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Approved Signature:		Date: / /	
Comments:			
Student may Appeal: <input type="checkbox"/> Yes <input type="checkbox"/> No			