



Website: www.melbournecitycollege.edu.au

COMPLAINTS AND APPEALS FORM

Please fill it in using CAPITAL/BLOCK LETTERS and tick (✓) relevant option.

Date (DD/MM/YYYY): / /	Email Address:
Student No.:	Mobile Phone No:
Given Name:	Address:
Family Name:	USI No.:
Date of Birth: / /	
Course Code & Name:	
I would like to submit a: ☐ Complaint☐ Appeal	
Complaint / Appeal Details: ☐ Academic ☐ Non Academic Please state the nature of your complaint/ appeal including d	ates times and other people involved:
Expected Resolution Date: The College will provide a respons application	e in wriying within 10 working days of this
Student Signature:	

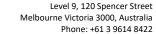




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Email: info@melbournecitycollege.edu.au Website: www.melbournecitycollege.edu.au

FOR OFFICE USE ONLY								
Form Received On	Date:	/	/	Complaints/Appeals Referred To:				
Comments:								
Complaints and Ap	peals R	epo	rt					
Student Name:					Staff Member:			
Student No.:					Position:			
Other Interested Parties:					Signature:			
Date Received:					Date:			
Complaints/ Appeals:								
Investigation:								
Resolution:								
Follow up or Corrective A	.ction Tak	en:						







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FOR	OFFICE USE	ONLY – Fina	I Sign off from	CEO or Au	ıthoris	ed Dele	egate – D	irector	of Studies	
Complaint/App Resolved:	peal	□ Yes	□ No	Date:	/	/				
Approved By:	Approved By: Name:			Support	ing do	cument	s attache	ed □] Yes □ No□ N	/A
Signature:		Continuous Improvement Register Updated					Yes □ No □ N	√A		
			Notification to student attached] Yes □ No □ N	1/A	
		Wisenet Updated] Yes □ No □ N	1/A		
Comments:	•			1				.		
Student may A	ppeal 🗆 Yes	s 🗆 No								