



Complaints & Appeals Application Form

This form is for students to submit complaints or appeals regarding any aspect of their experience at Austral College, including academic matters, administrative services, or any other issues. Please complete all sections of this form and provide as much detail as possible to support your complaint or appeal.

Section 1: Student information	
Full Name:	
Phone Number:	
Email Address:	
Current Course Enrolled:	

Section 2: Type of Submission	
Please select whether you are submitting a complaint or an appeal:	
<input type="checkbox"/>	Complaint
<input type="checkbox"/>	Appeal

Section 3: Details of the Complaint or Appeal	
Please provide a detailed description of the complaint or the decision you are appealing, including relevant dates, names of individuals involved, and any specific issues. Attach additional pages if necessary.	
Date of Incident:	
Details of Complaint / Appeal:	
Have you previously raised this issue with an Austral College staff member?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
If yes, please provide details, including the staff member's name and the outcome:	



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Section 4: Resolution Sought

Please describe the outcome or resolution you are seeking from this complaint or appeal:

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Section 5: Supporting Documentation

Please list and attach any supporting documents relevant to your complaint or appeal (e.g., correspondence, academic records, meeting notes, etc.):

1.
2.
3.
4.
5.

Section 6: Declaration

I, _____ the undersigned, declare that the information provided in this application is true and accurate to the best of my knowledge.

I understand that Austral College will handle my complaint or appeal in accordance with its policies and procedures, and I will be notified of the outcome in due course.

Student Full Name:	
Student Signature:	
Date:	



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Section 6: Office Use Only	
Application Received By:	
Date:	
Complaint / Appeal Acknowledged:	
	Yes
	No
Assigned to:	
Staff Member Name:	
Date:	
Comments:	

Section 6: Office Use Only – Outcome of Complaint / Appeal	
	Resolved
	Unresolved
	Escalated
Comments / Notes:	

Section 6: Office Use Only – Resolution / Outcome Sent to Student	
	Yes
	No
Authorised Delegate Name:	
Authorised Delegate Signature:	
Date:	