

F.14V04 Student Complaint Form

Family Name:		Given Name:	
Student ID:		Date of Birth:	
Course Name:			
Home Phone:		Mobile Phone:	
Please state the nature of your appeal including dates, times and other people involved (Any additional supporting documents should be attached with this form) Attach extra pages if required.			
General Complaint Assessment Complaint ESOS Complaint			
Expected resolution date:			
(Twenty days from SIGNATURE:	the date of lodgement unless otherwise a	DATE:	
OFFICE USE ONLY:			
RECEIVED BY:		DATE:	
Author:BarkReviewer:Eve	on 4V04 Student Complaint Form kly International College Pty Ltd lin Cruz ninistration	Version No: Date Created: Date reviewed: Next Review date:	V4.0 January 2015 November 2022 December 2023