F.16V01 Complaint Form

Family name ..... Given name .....

Course name .....

Contact phone numbers .....

Student ID ..... Date of Birth .....

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

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Expected resolution date .....
(Twenty days from the date of lodgement unless otherwise agreed by both parties)

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

RECEIVED BY: _____ DATE: _____