COMPLAINTS AND APPEALS FORM

PRIVATE AND CONFIDENTIAL

Personal Details :

Student Name :

Date Of Birth :

Student ID :

Mailing Address :

Contact Number :

Email ID :

Type of Complaint/ Appeal : ☐ Complaint ☐ Appeal

Details :

Please describe the nature and details of the Complaint or Appeal (including dates, times, and other people involved, use additional sheet if required)

Signature of the Student :

Date :

COMPLAINTS AND APPEALS FORM

Wattle COLLEGE

Official Use Only :

Received by :

Date :

Discussion Records (to be completed by the school officer conducting the meeting)

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Recommendation and Outcome

Signed by the meeting chair: Date :

Did the complainant/ appellant agree with the recommendations ☐ Yes ☐ No

If the complainant/ appellant not satisfied with the outcome, external agency referred ☐ Yes ☐ No

Details of the external agency/ counsellor

_____

_____

_____

Complainant/ appellant Signature : Date :