COMPLAINTS AND APPEALS FORM

PRIVATE AND CONFIDENTIAL

Personal Details

Student Name :

Date Of Birth :

Wattle Student ID :

Email Address :

Contact Number :

Address :

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 :

Official Use Only

Received by :

Date :

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

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 :