

Complaints / Appeals / Academic Appeals Form

(Gauntlet Training Reference: _____)

Please tick the appropriate box:

Complaint: Appeal: Academic Appeal:

SECTION A: CONTACT DETAILS			
Course Name:		Course Date/s	
First Name:		Last Name:	
Address:			
Telephone:		Mobile:	
Email:			
SECTION B: COMPLAINT / APPEAL / ACADEMIC APPEAL			

Please describe your Complaint, Appeal or Academic Appeal fully, including background, supporting evidence, detailed facts, names, dates, and any actions you have taken to try to have the matter resolved.

Attach extra pages as necessary.

Please list the number of pages attached, if any: []

Please write your complaint / appeal / academic appeal here:

Complainant /
Appellant

Signature:

Date:

SECTION C: Official use only			
Received by:	Date received:	Time received:	

COMPLAINTS / APPEALS / ACADEMIC APPEALS MEETING: Official use only

Complaint / Appeal / Academic Appeal (Gauntlet Training Reference: _____) heard by:

NAME: _____ POSITION: _____ SIGNATURE: _____ DATE: _____

NAME: _____ POSITION: _____ SIGNATURE: _____ DATE: _____

SECTION D: OUTCOME – to be completed by the CEO or Nominated Independent Person (NIP)

Resolution of Complaint / Appeal / Academic Appeal

Date: _____

Outcome implemented

Notice of finding given to complainant / appellant in writing

Date: _____

Complainant / Appellant satisfied with outcome: YES NO (if NO, record intended next steps, if any, to be taken by appellant)

Signature: _____

Date: _____

CEO Name: _____

NIP Name _____

Signature: _____

NIP Signature: _____

Date: _____

Date: _____

Copy given to student, once resolved: