

## Complaints / Appeals / Academic Appeals Form

(Deltawest Training Reference: \_\_\_\_\_ )

Please tick the appropriate box:

Complaint:       Appeal:       Academic Appeal:

SECTION A: CONTACT DETAILS			
<b>Course Name:</b>		<b>Course Date/s</b>	
<b>First Name:</b>		<b>Last Name:</b>	
<b>Address:</b>			
<b>Telephone:</b>		<b>Mobile:</b>	
<b>Email:</b>			
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:

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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: