

Complaints and Appeals Form Student to complete and submit to the local Administration/Campus Manager

Applicant Information					
Student Name:				Student ID:	
Address:					
Telephone:		Email:			
Date of incident:		Course:			
Type of incident:	Complaint	□ Appeal	□ Ass	essment appeal	
Did you receive a notice of intention to report to Department of Home Affairs (Immigration and Citizenship) from International College of Queensland? No / Yes (Please attach a copy of the letter)					
Details of complaint / Appeal / Assessment Appeal					
Please attach a separate page if the space above is not sufficient to write the details of the Complaint/Appeals/Assessment Appeals					



Did you speak with your trainer to resolve the complaint? Yes/ No				
Did you speak with an administration officer to resolve the complaint? Yes/No				
Student Signature	Date:			

Note:

A complaint is a problem you might experience with the college, about something that has happened which you believe is unfair. Generally the first person to see about this problem is your trainer/teacher or Administrative officer. If the problem cannot be resolved through speaking with your trainer or Administrative officer, please refer to the Complaints and Appeals Policy for the next stage/s. If the complaint involves a personal or welfare matter, you can request the college to provide details of the counsellor.

If your complaint is not resolved after discussion with the college, you may wish to refer to an external agency, e.g The Antidiscrimination Board (9268 5555) or the department of fair trading 13 3220. Further information may be obtained from the Department's website: www.fairtrading.qld.gov.au

All complaints will be taken seriously and a written statement will be given, outlining the complaint or appeal, how it has been handled, the outcome and reasons for any decisions made.

The college's complaints and appeals procedures does not limit the rights of students to take action under Australia's consumer protection laws.

OFFICE USE ONLY:		
Form Received by:		
Form Received Date:		
Signature Receiving Officer:		
Student Name	Student ID	
Recommendations or Follow Up Action/s Required:	By Date:	By Whom:
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