



COMPLAINTS & APPEALS FORM

For the procedure of this application, please refer to the Complaints and Appeals Policy.

Personal Details:

Title:	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Mobile:	
Email:	
Alternative Email:	
Address:	Building Name:
	Unit Name:
	Street:
	Suburb/Town:
	State:
	Postcode:
	Country:

Course Code	
Course Name	

Reason for the Application	<input type="checkbox"/> Complaint <input type="checkbox"/> Appeal
Reason for the Complaint	<input type="checkbox"/> Trainer/ Staff Member <input type="checkbox"/> Goldthorn International College Services <input type="checkbox"/> Other
Reason for Appeal	<input type="checkbox"/> Assessment Outcome <input type="checkbox"/> Attendance Records <input type="checkbox"/> Notice of Intention to Report <input type="checkbox"/> Other



Complaint / Appeal Summary

Detail Description of Complaint <i>(include details of date and person(s) involved)</i>
Detail Description of Appeal <i>(include details of date and person(s) involved)</i>

Declaration

I have read and understood the Goldthorn International College Complaint & Appeals Policy and acknowledge that Goldthorn International College will use an independent assessor to resolve this appeal, and that I will be given the opportunity to present my case formally at an interview. I understand that I may be asked for the further information and may asked to attend the meeting to discuss my application.

Signature:		Date:	
------------	--	-------	--

Office Use Only

Appeal has been discussed with the Assessor:

☐ YES ☐ NO

Appeal has been successfully resolved:

☐ YES ☐ NO

Admin Use Only

<input type="checkbox"/> Appeal Form Received (Admin)	Initial		Date:		
<input type="checkbox"/> Appeal Lodgement recorded (Register)	Initial		Date:		
<input type="checkbox"/> Letter of Acknowledgement sent	Initial		Date:		
<input type="checkbox"/> Appeal Forwarded to CEO or Campus Manager	Initial		Date:		
Staff Name:		Signature:		Date	