



STANDARD 8 COMPLAINTS AND APPEALS FORM

AMERICAN COLLEGE PTY LTD
CRICOS PROVIDER CODE: 03149K
RTO CODE: 31897

COMPLAINTS and APPEALS FORM

Complainants should read the American College Complaints and Appeals Policy before completing this form

STUDENT DETAILS

Given name: _____ Family name: _____
Student ID: _____ Date of birth: _____

COMPLAINT DETAILS (tick off the correct box)

- | | | |
|--|--|---|
| <input type="checkbox"/> Assessment Outcome | <input type="checkbox"/> Workplace Health & Safety | <input type="checkbox"/> Access & Equity |
| <input type="checkbox"/> Marketing & Advertising | <input type="checkbox"/> Record Management | <input type="checkbox"/> Training Resources |
| <input type="checkbox"/> Fees & Charges | <input type="checkbox"/> Student Refund | <input type="checkbox"/> Other |

Complainant comments:

Complainant signature: _____ Date: _____

AMERICAN COLLEGE OUTCOME – Office Use Only

Date grievance was addressed: _____

Name of person addressing the complaint: _____

1st Stage: _____ Follow up date: _____

Result of investigation/ intervention: _____

Name of person addressing the complaint: _____

2nd Stage: _____ Follow up date: _____

Result of investigation/ intervention: _____

Name of person addressing the complaint: _____

3rd Stage: _____ Follow up date: _____

Result of investigation/ intervention: _____

Corrective Action Taken: Yes No

Reasons for final decision: _____

Administration Officer's signature: _____
Date: _____

Complainant's signature: _____ Date: _____

Improvement to policy or procedure required: Yes No

Details of improvement: _____

If student/staff is not happy with outcome, complaint to be referred to independent arbitrator for further assistance.

Independent mediator's name (Please print): _____ Date: _____