

Complaints and Appeals Form

Submission Details:

Full Name: _____ **Date of Birth:** _____

Contact Phone Number: _____ **Student ID Number (where relevant):** _____

Email Address: _____

Prior to submitting this form please ensure you read the Complainst and Appeals Policy and Procedure available here:
<https://www.agb.edu.au/about/forms-and-documents>

Complaint or Appeal:

- I am lodging a complaint
 I am requesting an appeal.

Details of incident or appeal:

Signature: _____ **Date:** ___/___/___

Please submit this form (completed and signed) to the Student Support Department at studentsupport@agb.edu.au.

Complaints and Appeals Form

Office Use Only:

C/A Number: _____ Date Received: _____ Received By: _____

Contacted the Complainant/Appellant upon receipt of this form – Date contacted: _____

Details of investigation/actions:

Complaints and Appeals Form

Details of decision made and rationale behind the decision:

Communication with Complainant/Appellant:

Notified of decision made and rationale behind decision – Date contacted: _____

Completion Details:

Add details to Complaints and Appeals Register Submit (CIRs) where relevant

Evidence attached N/A Yes - Pages: _____

Completed By: _____ Date: ____/____/____