

Complaints and Appeals Form

PERSONAL DETAILS

Family Name:

(Surname)

Student ID #:

Email:

First Name:

Course Name:

Contact Number:

TYPE OF COMPLAINTS OR APPEAL (Please choose one of the two options below):

1) Academic Matter: (Please write the Unit name in the space below and tick the type of Academic Complaint that applies)

The complaint was related to the following Unit :	
<input type="checkbox"/> Assessment <input type="checkbox"/> Quality of Course Delivery <input type="checkbox"/> Student Academic Progress	
<input type="checkbox"/> Course Content <input type="checkbox"/> Other (please specify):	

2) Non Academic Matter: (Please tick the type of Non Academic Complaint that applies)

- Operations
 Tuition Fees
 Administration
 Racial / Sexual Discrimination and or Harassment
 Other (please specify)

DETAILS OF GRIEVANCE

Date	Name(s) of persons involved	Location of Incident (if applicable)

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Multilink Academy of Interpreting and Translating (MAIT)						

Please attach the following statements to your complaints:

1 Summary of Events / Grievance (please include details)

2 Actions that you would like to be taken by the College

Please attach all supporting documentation to your complaints.

DECLARATION

I declare that to the best of my knowledge, the information I have supplied on this form is true and correct. I have read and understood the MAIT Complaints and Appeals Policy and Procedures.

Signature:

Date:

Office Use Only					
Received by		Received Date			
All documents supplied by applicant have been sighted and are attached			YES		NO
Complaints handling record sheet completed			YES		NO
Date of Acknowledgement letter sent to student: (must be within 5 working days)					
Notice of decision sent to student:					

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