

Student Complaints and Appeals Form

STUDENT DETAILS

Student Number	Family Name	Given Name
Email Address	Phone / Mobile	
Address		
Course		

COMPLAINT / APPEAL

Please provide a personal statement detailing the matter relating to your complaint / appeal. Include name(s) of person(s), dates and times, where applicable. Attach evidence and/or separate sheet if additional space required.

Have you tried to resolve the matter informally?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
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Please provide a detailed explanation of any action(s) taken, including name(s) of person(s), date and times OR reason as to why no action taken to resolve matter informally. Attach evidence and/or separate sheet if additional space required.

DECLARATION

I declare that the information I have provided on this form is true and complete.

Student Signature: _____ Date: _____

Submit your application:
 In person: 205 North Quay, Brisbane Qld 4000
 Email: intapplications@sero.edu.au

OFFICE USE ONLY

Complaint/Appeal received by (name)	Signature	Date
Complaint/Appeal referred to	Date	

DETAILS OF INVESTIGATION

INVESTIGATION / DECISION OUTCOME

DECISION NOTIFICATION

Outcome letter provided to Complainant / Appealer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date of Letter ___ / ___ / ___
	When	By Whom			
PEO Notified	___ / ___ / ___				
Entered into Bus Apps	___ / ___ / ___				
Updated in Bus Apps	___ / ___ / ___				
Added to Register	___ / ___ / ___				