

Complaints and Appeals Form

CAF Number: (Office use)			
Section 1 – Personal details			
Surname		Given name	
Address			
Student ID		D.O.B	
Email:		Mobile:	
Section 2 – Course / Unit/ Module details			
Code/Title:		Date:	
Section 3 – Complainant and Appeals Declaration			
I have read and understood the Entry Education Complaints and Appeals Policy and Procedure and I declare that the other party to the complaint may be contacted to resolve the issue. I agree that Entry Education may conduct independent verification checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.			
Signature:		Date:	
Section 4 – Complaint / Appeal Details (Academic / Non -Academic)			
<input type="checkbox"/> Complaint <input type="checkbox"/> Appeal <input type="checkbox"/> Academic <input type="checkbox"/> Non-academic			
Please tick the following areas to which your complaint / appeal relates:			
<input type="checkbox"/> Training Materials <input type="checkbox"/> Training Facilities <input type="checkbox"/> Training Content/information <input type="checkbox"/> Training Environment <input type="checkbox"/> Training – Other		<input type="checkbox"/> Assessment Materials <input type="checkbox"/> Assessment Facilities <input type="checkbox"/> Assessment Environment <input type="checkbox"/> Assessment Location <input type="checkbox"/> Assessment - Other	
<input type="checkbox"/> Services provided <input type="checkbox"/> Personal conflict /Behaviour <input type="checkbox"/> Discrimination / Victimisation <input type="checkbox"/> Course Progress / Attendance <input type="checkbox"/> Course withdrawal <input type="checkbox"/> Fee Refund			
<input type="checkbox"/> Other: Please specify			
Does your Complaint / Appeal involve another person (e.g. Trainer/Assessor/other student)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide their name:			
Does your Complaint / Appeal involve witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name/s and contact details of witnesses who are willing to support your claim:			
Name:		Name:	
Address:		Address:	
Tel/Mobile:		Tel/Mobile:	

Please provide details of your Complaints below

Complaints details				
Please outline the nature/circumstances of your complaint:				
What actions have you taken, to resolve this matter:				
What action/resolution would you like to see occur/implemented:				
Admin/ Training use only				
<input type="checkbox"/> Complaint Form Received (Student Support)	Initial		Date:	
<input type="checkbox"/> Complaint recorded (Register)	Initial		Date:	
<input type="checkbox"/> Email of Acknowledgement sent	Initial		Date:	
<input type="checkbox"/> Complaint Forwarded to Admin Officer / C.E.O	Initial		Date:	

Appeals Form

CAF Number:				
Appeals details				
Please outline the situation for your appeal:				
YOUR DESIRED OUTCOME: What action/resolution would you like to see occur/implemented:				
YOUR EVIDENCE (If you cannot provide evidence, please explain why you cannot in the below box)				
Appeal has been successfully resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No If No Has Information been provided for external appeals process: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Admin /Training use only				
<input type="checkbox"/> Appeal Form Received (Student Support)	Initial		Date:	
<input type="checkbox"/> Appeal recorded (Register)	Initial		Date:	
<input type="checkbox"/> Email of Acknowledgement sent	Initial		Date:	
<input type="checkbox"/> Appeal Forwarded to C.E.O	Initial		Date:	