

F16 Complaint and Appeal Form

Family Name		
Given Name		
Address		
Phone		
Email		
Student ID		
Date of Birth		
Please state the nature of your complaint/appeal including dates, times and other people involved. Any additional supporting documents should be attached with this form. Attach extra pages if required.		
<input type="checkbox"/> General Complaint	<input type="checkbox"/> Assessment Complaint	<input type="checkbox"/> Appeal
Student Signature:	Date:	
OFFICE USE ONLY		
Received by:		
Date:		
Course of Action Taken:		
Signature:		