



Chanel COLLEGE (RTO No. 30570)
COMPLAINTS or APPEALS RECORD FORM
Please submit to the VET Curriculum Leader

Date raised / /
Student
Name: _____
House: _____

REASON(S)	TICK
AQF Standard	
Student Complaint	
Staff Complaint	
Student Appeal (eg. assessment decision)	
Other (specify)	

Section 1

Nature of Complaint/Appeal (please use specific detail eg. date):

Cause:

Student's Signature: _____ Parent's Signature: _____

Section 2

Action to be taken:

Accepted by: _____ Position: _____

Agreed (date): _____

Action required by: _____ Signed: _____
VET Curriculum Leader

Section 3

Agreed action completed and effective

Signed : _____ Date _____
Principal

Section 4 (if applicable)

Final Decision of Independent Review:

Independent party: _____ Position: _____



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Date resolved: _____

Signed: _____

Independent Party