

3.14.1 COMPLAINTS AND APPEALS FORM

CRICOS PROVIDER CODE 01751G

INTERNATIONAL STUDENTS PROGRAM
 Telephone: + 61 8 8725 5455
 Facsimile: + 61 8 8724 9303
 Email : davet@tenison.catholic.edu.au



Tenison Woods College
 PO Box 965
 Mount Gambier
 South Australia 5290

COMPLAINTS AND APPEALS FORM

Use for all student complaints or appeals.

Date raised _____

REASON(S)	TICK
Student Complaint	
Student Appeal	
Other (specify)	

Name of student _____

Section 1 Complaint or Appeal

Complaint Provide as much detail as possible on complaint including cause	Appeal Provide as much detail as possible on appeal including grounds for appeal
Nature of complaint: People involved: Dates: Cause(s):	Decision being appealed: Stated grounds for appeal: Has appeal been lodged in writing? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>

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Section 2 Action to be taken

<p>Action to be taken to address complaint: (Note, if student wishes independent people to hear the complaint follow appeals process and complete appeals sections 2 and 3).</p> <p>Who by:</p> <p>By When:</p>	<p>After discussion is the appeal to be pursued by the student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, advise the Director of Studies who will arrange a convening of independent person(s) to hear the appeal.</p> <p>Has the student been advised of the Appeals process? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Section 3 Complaint or Appeal Outcome

Complaint	Appeal Detail outcomes from Appeals process
<p>Agreed action completed and complaint effectively dealt with? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, detail further action(s) to be taken.</p> <p>Sign off only to be done when the complaint has been fully addressed and resolved.</p> <p>Signed: _____ Principal</p>	<p>Was the student successful in their appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide details of the documented changes required to reflect successful appeal.</p> <p>Changes required:</p> <p>Timeframe for changes:</p> <p>If No, or when changes have been made the appeal can then be signed off as complete.</p> <p>Signed: _____ Principal</p>