

ST PATRICK'S COLLEGE (RTO No. 30492)
COMPLAINTS or APPEALS RECORD FORM
 Please submit to the PL – VET or Curriculum Office



Date raised / /

Student Name: _____

House: _____

CA No. _____ (office use only)

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

Section 1

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

Cause:

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

Section 2

Action to be taken:

Accepted by: _____ Position: _____

Agreed (date): _____

Action required by: _____ Signed: _____
 RTO Manager or other personnel

Section 3

Agreed action completed and effective

Signed: _____ _____
 Principal Date

Section 4 (if applicable)

Final Decision of Independent Review:

Independent party: _____ Position: _____

Date resolved: _____ Signed: _____
 Independent Party