Your Details				
Date:				
Your Name:				
Student ID:				
D.O.B				
Contact Details:	Phone:			
Address:				
	Email Address:			
Please indicate w	hich of the following applies to you:			
☐ Prosp	ective student			
□ Curre	nt student			
☐ Past s	□ Past student			
□ Workp	place or Employer			
☐ Partner Organization				
□ Other				
Please indicate if you are lodging a complaint, appeal or an assessment appeal.  □ Complaint				
☐ Appe	☐ Appeal (unrelated to assessment)			
☐ Assessment Appeal				
☐ Discipline/Misconduct Outcome				
□Other				
Does your complaint involve behavior by GCLC staff member? ☐ Yes ☐ No				
Have you lodged a complaint about this issue before? ☐ Yes ☐ No				
If yes, when:				

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Document Owner:	Chief Executive Officer	File Name/Location:	Complaints-and-Appeals-Form-V3.26-8-2018.docx	Page <b>1</b> of <b>4</b>

4	Disease suffice the records for your complaint or appeal in as much detail as possible. Vou may attack
1.	Please outline the reasons for your complaint or appeal in as much detail as possible. You may attach
	additional pages and supporting information/documents as needed.
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For 2.	
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2. 	Please make any suggestions you have to resolve this issue.
2. 	Please make any suggestions you have to resolve this issue.  Are there particular staff members of GCLC who may need be involved in the investigation of this
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For assessment appeals, please complete the following.  4. Which unit and/or task is this appeal in relation to?  Privacy Declaration  Personal Information collected by GCLC is protected by the Privacy Act 1988(the 'Privacy Act')  GCLC will only use this information provided on this form to resolve your complaint/appeal. We will usually provide the information to their parties within GCLC that may have information relevant to your complaint/ appeal so that it can be managed.  Your personal information will not be provided to any person you are complaining about, unless it is specifically required to ensure your complaint/ appeal is appropriately dealt with. None of the information you provide on this form will be disclosed outside of GCLC without your permission, unless we are required to do so by law.  Student Declaration  I declare the information provided in this application is accurate and I have read and understood the information regarding the complaints and appeal policy and procedure of GCLC.  Signed: Date: / / /  Printed name:  Please return this form using the details below.  In Person- Please return the completed form to: ATTN: Student services coordinator  Via Email- info@goldcoaststudy.com					1	
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Outcome	☐ Approved		Not Approved
Comments:(	If applicable)		
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