

Complaints and Appeals Form Gold Coast Learning Centre

Your Details	
Date:	
Your Name:	
Student ID:	
D.O.B	/ /
Contact Details:	Phone: _____ Address: _____ _____ Email Address: _____
Please indicate which of the following applies to you: <input type="checkbox"/> Prospective student <input type="checkbox"/> Current student <input type="checkbox"/> Past student <input type="checkbox"/> Workplace or Employer <input type="checkbox"/> Partner Organization <input type="checkbox"/> Other _____	
Please indicate if you are lodging a complaint, appeal or an assessment appeal. <input type="checkbox"/> Complaint <input type="checkbox"/> Appeal (unrelated to assessment) <input type="checkbox"/> Assessment Appeal <input type="checkbox"/> Discipline/Misconduct Outcome <input type="checkbox"/> Other	
Does your complaint involve behavior by GCLC staff member? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you lodged a complaint about this issue before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____ _____	

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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 other 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:	/ /
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Printed name:	
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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

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Office Use Only

Outcome Approved Not Approved

Comments:(If applicable)

Processed by: _____

Signature: _____

Date: / /