

Australian Smart College

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STUDENT COMPLAINTS AND APPEAL FORM

To be filled out by the student and submitted to either your Trainer or the Director of Studies **Students Name: Student ID Number:** Address: **Date of Incident:** Telephone: Course: Type of Incident: Complaint □ Appeal □ Describe the nature of the complaint or appeal: Describe any efforts made to resolve the issue: **Students Signature:** Date: For Office Use Only Details Action Taken: