COMPLAINTS & APPEALS FORM
(GRIEVANCE FORM)

Student Name: ____________________________  Student Number: ________________

Course:  ☐ English  ☐ Vocational  ☐ Other ____________________________

Did you receive a notice of intention to report from APC?  ☐ No  ☐ Yes → Please attach copy

Details of Grievance
____________________________________________________________________
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____________________________________________________________________
____________________________________________________________________

Student’s Signature: ____________________________  Date: ________________

A grievance is a problem you might experience with the College, about something that has happened which you believe is unfair. Generally, the first person to see about this problem is your trainer/teacher or Student Services. If the problem cannot be resolved through speaking with your trainer or Student Services, you should discuss it with the Academic Manager (ELICOS) or Principal Academic Director (PAD). If the grievance involves a personal or welfare matter, you can approach Student Services located at the Kent Street Campus.

You may also put your concerns in writing. If grievances are not resolved after discussion with the College, you may wish to refer to an external agency, e.g. The Overseas Students Ombudsman (1300 362 072), the Anti-Discrimination Board (9268 5555) or the Department of Fair Trading 13 3220. Further information may be obtained from the Department’s website: www.fairtrading.nsw.gov.au

All grievances will be taken seriously and a written statement will be given, outlining the complaint or grievance, how it has been handled on appeal, the outcome and reasons for any decisions made. Also refer to the APC website which has links to important legal sites in Australia -> www.apc.edu.au

The College’s Complaints and Appeals Process does not limit the rights of students to take action under Australia's consumer protection laws.

Form received on: ____________________________  Received by: ____________________________

Name: ____________________________  Student ID: S400

Signature of Student: ____________________________

Submitted at  ☐ Kent St  ☐ Clarence St  ☐ Manly  ☐ York St  ☐ Bondi Junction

Course:  ☐ English  ☐ Vocational  ☐ Other

Name of Receiving Officer: ____________________________  Date Received: ____________________________

Signature of Receiving Officer: ____________________________

*Your complaint/grievance/appeal is being processed*
Complaints and Appeals (Grievances) Report

Student Complaints and Appeals Form NSWv2.0R.doc

Student Number: ___________________________  Signed: ___________________________
Student Name: ___________________________  Staff Member: ___________________________
Other interested parties: ___________________________  Position: ___________________________
Date received: ___________________________  Date: ___________________________

DETAILS
Grievance: ___________________________________________________________
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________________________________________________________________________
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Investigation: ___________________________________________________________
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________________________________________________________________________
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Resolution: _____________________________________________________________
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Follow up Action: _______________________________________________________
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