For further information in relation to the Complaints and Appeals process, please refer to ACE Complaints and Appeals Policy and Procedure. Once this form is completed and signed, please forward to the Student Support Services Officer with any relevant supporting documentation.

Student Details:
Lodgement Date: _______________________ Student ID: _______________________
Student Name: ________________________
Course Code: __________________________
Course Name: __________________________

This is regarding a...  □ Complaint       □ Appeal       (tick one box only)
...and is in relation to...
□ My course               □ Assessment Decision
□ My trainer(s)/Vocational Instructor(s)  □ Learning Environment
□ ACE’s Practices, Policies and/or Procedures  □ Refund
□ Other (please specify) __________________________

Specify Date of the event which lead to this complaint (If applicable): ___ / ___ / ____ or N/A

Nature of Complaint / Appeal (please attach further pages if necessary):
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Specify here what attachments, if any, are attached with this form:
_______________________________________________________________________________
_______________________________________________________________________________

Student Signature: ______________________________            Date: __ __ / __ __ / __ __ __ __

Complaints & Appeals Form  Version 3.2  Updated: Aug 2016
Authorised by CEO  CRICOS # 03219A  RTO # 22424
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Complaint or Appeal received by:

NAME: ____________________________________________________________

POSITION TITLE: __________________________________________________

On: ___ ___ / ___ ___ / ___ ___ (DATE)

Outcome: Resolved / Not Resolved (PLEASE CIRCLE ONE)

Reasons: __________________________________________________________________
                                                                                   __________________________________________________________________
                                                                                   __________________________________________________________________
                                                                                   __________________________________________________________________
                                                                                   __________________________________________________________________
                                                                                   __________________________________________________________________

Officer Signature: ________________________

(In accordance with Australian Careers Education Pty Ltd's policy, all complaints are to be entered into the Complaints and Appeals Register)

Date Student Notified: ___ ___ / ___ ___ / ___ ___ (DATE)

Notified by: ____________________________________________________________

Entered in Complaints and Appeals Register on ___ ___ / ___ ___ / ___ ___ (DATE)

Complaint Number: ______________

Entered By: ________________________________

Outcome Letter Placed in Student File: Yes or No (Please Circle One)

Filed by: ________________________________