



TOCAL COLLEGE COMPLAINTS/ APPEALS FORM

Student Complaints and/ or Appeals Form

Name of Complainant/Appellant:

Date:

Nature of complaint/appeal: Training delivery [] Assessment [] Other []
(please specify)

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.....
.....

Training delivery

Course name: Course code:.....

Training date: Location:

Details of Complaint or Appeal:

.....
.....
.....

Assessment process: Unfair[] Not clear [] Incomplete []Other []
(please specify)

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.....
.....

Assessment date: Location:.....

Assessor's name:

Details of Complaint or Appeal:

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.....
.....



Complaint or Appeal discussed with trainer/assessor? Yes No

Outcome of discussion

.....

Signature of Complainant/Appellant:Date:

Office use only

Submitted to Training Program Coordinator

By: Signature:

Date: Resolved: Yes No

If Complaint/ Appeal not resolved

Submitted to Deputy Principal:

By: Signature:

Date: Resolved Yes No

If Complaint/ Appeal not resolved

Submitted to Principal:

By: Signature:

Date: Resolved Yes No

Complainant/ Appellant sent written statement of complaint being received? Y / N

Complainant / Appellant sent written statement of action taken? Y / N

Complaint/ Appeal referred to a third party? Y / N

Time taken to resolve complaint/ Appeal:

Finalised by:.....

Signature:..... Date: