



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)

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

Training delivery

Course name: ..... Course code:.....

Training date: ..... Location: .....

Details of Complaint or Appeal:
.....
.....
.....

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

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

Assessment date: ..... Location:.....

Assessor's name: .....

Details of Complaint or Appeal:
.....
.....



.....

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: .....