

## COMPLAINTS AND APPEALS FORM

Before completing this form, please read carefully the section on “Complaints and Appeals Policy and Procedure” located at <http://alphacrucis.edu.au/documents/general-documents/>. If you do not understand the Procedure or need any help with it, please consult the Registrar’s Office.

**Please note that:**

- You need to include a copy of supporting documentation to provide evidence in support of your appeal, especially when applying for special consideration. This might be a medical certificate or letter from a medical practitioner in the case of illness, or death certificate in the case of a bereavement in the family so that the college may provide an accurate assessment of your circumstances.
- You may be accompanied and assisted by a support person at any relevant meetings.
- Your enrolment during complaints and appeals process is ongoing.

Hand to form to reception or post to Alphacrucis College, Complaints and Appeals, PO Box 125, CHESTER HILL, NSW, 2162.

TO  Director

Academic Dean

STUDENT NUMBER \_\_\_\_\_

FULL NAME \_\_\_\_\_

ADDRESS FOR  
CORRESPONDENCE  
RELATING TO THE APPEAL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

NAME OF COURSE or  
QUALIFICATION \_\_\_\_\_

CAMPUS  Brisbane

Melbourne

Sydney

DELIVERY MODE

Face to Face

Intensive

e-Learning

Extensive

NAME OF UNIT \_\_\_\_\_

UNIT CODE \_\_\_\_\_

Have you already discuss the problem with the other person involved?  Yes  No

**OUTLINE THE NATURE OF THE COMPLAINT/APEAL.**

(attached any documents if required)

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Signature

Date

<b>OFFICE USE</b>	
<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Not Approved</b>
<b>Reason for not approved</b> (attached documents if required)	
<b>Processed by:</b>	
Name: _____	
Signature: _____	
Date: _____	
<input type="checkbox"/> <b>Student Notified</b>	<input type="checkbox"/> <b>Other person concerned Notified</b>