



STUDENT COMPLAINTS AND APPEALS FORM

To be filled out and submitted to the Student Services and Records Manager

Student Name		Student Id	
Address			
Telephone			
Qualification Name and Code			
Type of Incident (Please tick)			
Reason for Complaint:	Reason for appeal <input type="checkbox"/> Complaint against a staff member <input type="checkbox"/> Services at TAF <input type="checkbox"/> Other (Please specify) <input type="checkbox"/> Assessment outcome <input type="checkbox"/> Disciplinary action taken against you <input type="checkbox"/> Refusal of transfer <input type="checkbox"/> Refusal of deferral/ suspension/withdrawal <input type="checkbox"/> Cancellation of enrolment due to non-payment of fees <input type="checkbox"/> Notice of intention to report <input type="checkbox"/> Other (Please specify)		
Complaints/Appeal Summary Please outline the reasons for your appeal/complaint and attach any evidence to support your complaint/appeal.			
Acknowledgement I declare that all information provided is true and correct to the best of my knowledge			
Student Signature: _____ Date: _____			

Disclaimer: Once this document is removed from the owner drive or printed this document is no longer controlled.

Document Name	Complaints & Appeals Form	Issued:	July 2025	Ver 1
Authorised by CEO	CRICOS# 03499K	RTO # 40953	Review:	24 months
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Privacy statement

The information provided on this form will be used exclusively to resolve your appeal/ complaint. None of the information you provide on this form will be disclosed to anyone outside of this business without your permission, unless we are required to do so by law

Office use only

Complaint/Appeals received through Receiving staff member	<input type="checkbox"/> Email	<input type="checkbox"/> in person	Date: _____
Complaint/Appeal discussed with			
Detailed action taken			
Complaints outcome	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	<input type="checkbox"/> NA
Appeals Outcome	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	<input type="checkbox"/> NA
Student response to complaints/appeal	<input type="checkbox"/> Accepts and agree <input type="checkbox"/> Disagrees		
Continuous improvement request (CIR) raised	<input type="checkbox"/> Yes	Date of CIR raised	
CIR raised by	Note: Please attach completed form and any other supporting evidence and submit with CIR to the General Manager within 24 hours		
Signed		Date	
CIR Received by the _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Allocated CIR No.: _____		
Signature of TAF Representative:	Date: _____		

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