



**PREMIUM-ENGLISH FOR ACADEMIC REQUIREMENT
(PEAR) AUSTRALASIA LLP**

STUDENT COMPLAINTS AND APPEALS FORM

APPLICANT DETAILS		
Student Full Name		
Date of Birth		
E-mail address		
Mobile number		
COMPLAINT/ APPEAL DETAILS		
Is this Application (please tick one)	<input type="checkbox"/> A Complaint <input type="checkbox"/> An Appeal against a decision/outcome/grade	
Is this Application (please tick one)	<input type="checkbox"/> An Academic Matter <input type="checkbox"/> A Non-academic Matter	
Please provide a detailed explanation of the Complaint/ Appeal (Attach separate page if more space is required and add any documentation as evidence)	Date/Time of Action Taken	Evidence attached Yes (Y) No (N)
The name of people, staff, or organisations you have approached in relation to your Complaint/ Appeal?		Evidence attached Yes (Y) No (N)
In your opinion, what do you believe would be a suitable solution for this Complaint/ Appeal?		

APPLICANT DECLARATION: (please tick each statement to confirm your declaration)

I confirm that I have identified the Complaint/Appeal according to the best of my knowledge and attached any supporting documentation that I have relevant to this matter.

I confirm that I have read the Academy's Complaints and Appeals Policy and Procedure.

I declare that the information provided by me is true and complete and I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may delay the processing of my application.

I understand that where a timeframe is given to lodge an appeal, I am submitting this within the given period.

I declare that I have read and understood the Student Payments Policy and Procedure and the Student Refund Policy and Procedure as it relates to this Application.

I declare that by ticking the listed items above I have provided information on this form that is true and correct and the provision of incorrect information may result in the termination of my enrolment at Academy due to misconduct.

Student Signature

Date

OFFICE USE ONLY

Date Complaint/ Appeal Form received	Date:	Staff initials
Date Acknowledgment letter sent to Applicant: (Must be within 5 working days of receipt of the Complaint/ Appeal)	Date:	Staff initials
Campus Nominated Officer:		
Position:		

APPLICATION OUTCOME

Brief description of Outcome:	Upheld <input type="checkbox"/>	Declined <input type="checkbox"/>
Notice of decision including a detailed assessment and further entitled action sent to the Applicant (must be within 10 working days of decision)	Date:	
Campus Nominated Officer: (sign off)	Date:	

ADMINISTRATION

Complaints/ Appeals Register Updated	Date:	Staff initials
Student file updated	Date:	Staff initials