COMPLAINTS AND APPEALS FORM

Student Information

First Name | Middle Name

Last Name | Date of Birth

Email | Mobile Phone | Home Phone

Address

Suburb, Locality or Town | State/Territory | Postcode

I am...

- ☐ A current student
- ☐ A parent of a student
- ☐ A current staff member
- ☐ An industry representative
- ☐ A former student
- ☐ A representative of a student
- ☐ A client / customer
- ☐ Other

Please fill with course information

Course Code | Course Name

Stage one - Informal grievance

The steps I have/the student has already taken (tick any that apply).

- ☐ Spoken to the trainer or other GBC staff as an informal grievance
- ☐ Not contacted the college about the complaint yet
- ☐ Others

What happened when the informal grievance was made?
State what the College has done in response to your prior complaining

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RTO No: 91707 CRICOS: 03208D ABN 94 134 836 454

Expected outcome
As a result of this complaint / appeal I want / the student wants the College to...

Support Documentation

☐ ***I have / the student has supporting documentation or other evidence to supply with this complaint.***
(For example letters or emails between you and the college, student handbooks, records of meetings, marketing materials, training plans).

☐ ***No supporting documentation.***

Stage two - Formal grievance

The complaint is about

☐ The quality of education of training	☐ The facilities or resources of the College
☐ The qualification of a teacher or trainer	☐ The conduct of a teacher, trainer of staff
☐ Assessment and/or Assessment Results including Recognition of prior learning (RPL)	☐ The college not giving me / the student a certiticate of results
☐ Fees, charges and refunds	☐ Fees, charges and refunds
☐ The recording of attendance / course progress	☐ The college is not letting me / the student transfer to another provider
☐ The college complaints and appeals process	☐ Errors on my / the Student Certificate, Statement of Attainment or Statement of Attendance
☐ Bullying or harassment at the college	☐ Workplace health and safety
☐ Other (please specify)	

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More details of the complaint

This issue has affected me / the student because...

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Internal Appeal Details

The appeal is about (tick any that apply).

- ☐ Outcome of the formal grievance made (please attach the previous formal complaint and appeal form lodged)
- ☐ Intention to report to DIBP
- ☐ Other

Details of the decision being appealed
(attach additional pages if needed)

Support Documentation

☐ ***I have / the student has supporting documentation or other evidence to supply with this complaint.***
(For example letters or emails between you and the college, student handbooks, records of meetings, marketing materials, training plans).

☐ ***No supporting documentation.***

Applicant Declaration

☐ ***I have read the Complaints and Appeals Policy and Procedure and agree to follow the process required.***

Applicant Signature _____ Date _____

Please mail this form along with any additional relevant documents:
George Brown College, Level 4, 56-58, York Street Sydney NSW 2000
Or submit in person to GBC reception at the same address above
Or email to: gm@georgebrown.nsw.edu.au

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OFFICE USE ONLY

COMPLAINT / APPEAL REVIEW

Are there legitimate grounds for the complaint/appeal? ☐ Yes ☐ No

DOCUMENTATION REVIEW

Documentation supporting a procedure failing? ☐ Yes ☐ No Document type: _____ Verified ☐

Documentation supporting compelling and compassionate circumstances provided? ☐ Yes ☐ No

Medical certificate (original document) Verified ☐

Doctor's letter (original document)

Copy of the Death Certificate (original document)

Copy of a Police Report (original document)

Copy of a Phychologist Letter / Report (original document)

Letter from Sponsor/Workplace/Legal Guardian approving application

OUTCOME OF COMPLAINT / APPEAL

☐ ***Successful*** ☐ ***Not Successful***

Comments / Reasons

Action if Complaint / Appeal is successful

By who? _____ By date: _____

Applicant notified of outcome ☐ Yes Date: _____ Via ☐ Email ☐ Letter

Authorised person _____ Sign off signature _____ Date: _____

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