

Complaints and Appeals Form

AAPoly Programs



Please write in CAPITAL LETTERS only in a black or blue pen

Section A: Personal Details

Date	DD / MM / YYYY																			
AAPoly Student ID																				
First Name:																				
Family Name:																				
Mobile Number:																				
Email Address																				
	@																			
Postal Address																				

Section B: Description of Complaint / Appeal and outcome sought

(Please attach additional information if necessary)

Section C: Student Declaration

The information provided on this form is collected for the primary purpose of processing your Complaint or Appeal. I have read the AAPoly statement (available at <http://www.aapoly.edu.au/student-policies>) on privacy and the purposes for which my personal information will be used. I declare that the information I have provided on this form and in support of my application is accurate and complete.

I can seek independent professional advice, advocacy and other support.

I want this Complaint / Appeal to be kept confidential: Yes No

Student Signature: _____

Date:

Office use only

Received by: _____

Date:

Date forwarded to Head of Administration and Student Services

Date: