Marymount College

Student Form

Complaints and Appeals Form

Students who have a complaint or appeal should refer to the publicly available Complaints and Appeals Policy and Procedure prior to completing and submitting this form.

Student Details	
Full name	
Year level	
Email address	
Teacher	
Mobile telephone	
Date	

Complaint Details				
Qualification code				
Qualification title				
Please provide details of the complaint below:				
I declare that the information & documentation given is true and accurate				
Cignature of Student		Data		
Signature of Student		Date		

Signature of Witness Date Upheld **Complaints Outcome:** More evidence required Denied Written Notice Provided: Yes No

Complaints and Appeals Form https://mybcecatholicedu.sharepoint.com/sites/sp-marymount/staff/Careers VET/2021/VET/2021 MMC VET Register of Documents/Complaints and Document title: File location: Appeals/2021 Complaints and Appeals Form.docx Version date: February 2021 Marymount College Review date: February 2022 Ownership: Approved by: RTO Manager

Marymount College

Appeal Details					
Qualification code					
Qualification title					
Units of competency for which appeal is being sought					
Code	Title				
Plaza provida razan	for requesting this appeals				
Please provide reasons for requesting this appeal:					
I declare that the inf	ormation & documentation given	is true and accurate			
Signature of Student		Date			
Signature of Witness		Date			
Appeals Outcome:	🗌 Upheld 🛛 Denied	More evidence required			
Written Notice Provid					
For office use only					
Processed by:	Signature:	Date:			
CEO Notified					
Recorded in secure Complain					
Notified in writing within 60	calendar days				
Outcome reached					

Privacy Notice:

The information provided on this form will be used to follow up your complaint or appeal. The information may be provided to staff or external bodies who are in a position to remedy your complaint or appeal. The information will be stored securely and you may access or correct any personal information provided at any time by contacting the person to whom you submit this form.

Document title: File location: Version date:

Ownership:

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