



COMPLAINTS / APPEALS / ACADEMIC APPEALS FORM

(Blue Horse Truck Driver Training Reference: _____)

Please tick the appropriate box:

Complaint:

Appeal:

Academic Appeal:

| SECTION A: CONTACT DETAILS | | | |
|---|--|---------------|--|
| Course Name: | | Course Date/s | |
| First Name: | | Last Name: | |
| Address: | | | |
| Telephone: | | Mobile: | |
| Email: | | | |
| SECTION B: COMPLAINT / APPEAL / ACADEMIC APPEAL | | | |

Please describe your Complaint, Appeal or Academic Appeal in as much detail as possible, including background, supporting evidence, facts, names, dates, and any actions you have taken to try to have the matter resolved.

Attach extra pages as necessary.

Please list the number of pages attached, if any: []

Please write your complaint / appeal / academic appeal here:

Complainant /Appellant

Signature _____ Date: _____

| SECTION C: Official use only | | | |
|------------------------------|----------------|----------------|--|
| Received by: | Date received: | Time received: | |

COMPLAINTS / APPEALS / ACADEMIC APPEALS MEETING: Official use only

Complaint / Appeal / Academic Appeal (Blue Horse Truck Driver Training Reference: _____) heard by:

NAME: _____ POSITION: _____ SIGNATURE: _____ DATE: _____

NAME: _____ POSITION: _____ SIGNATURE: _____ DATE: _____

SECTION D: OUTCOME – to be completed by the CEO or Nominated Independent Person (NIP)

Resolution of Complaint / Appeal / Academic Appeal

Date: _____

Outcome implemented

Notice of finding given to complainant / appellant in writing

Date: _____

Complainant / Appellant satisfied with outcome:

YES

NO (record intended next steps, to be taken by appellant)

Signature: _____

Date: _____

CEO Name: _____

Signature: _____

NIP Name: _____

Signature: _____

Date: _____

Date: _____

Copy given to student, once resolved: