

Your Details

Date:

Your Name:

Contact Details:

Phone:

Address:

Email Address:

Please indicate which of the following applies to you:

- Prospective student
- Current student
- Past student
- Workplace or Employer
- Partner Organisation
- Other _____

Please indicate if you are lodging a complaint, appeal or an assessment appeal.

- Complaint
- Appeal (unrelated to assessment)
- Assessment Appeal

1. Please outline the reasons for your complaint or appeal in as much detail as possible. You may attach additional pages and supporting information as needed.

For complaints and appeals not related to assessment, please complete the following.

2. Please make any suggestions you have to resolve this issue.

3. Are there particular staff members of Everest Institute of Education who may need be involved in the investigation of this complaint or appeal and in what way?

For assessment appeals, please complete the following.

4. Which unit and/or task is this appeal in relation to?

Signed:

Date:

/ /

Printed name:

Please return this form using the details below.

Everest Institute of Education

Tel: 03 8393 6550 Email: info@everest.edu.au

Head Office Address:

366-370 Spencer Street, West Melbourne, VIC 3003

OFFICE USE ONLY

Complaint / Appeals Form Received by _____

Interview Conducted - **Yes / No** Date of Interview _____

Interview Conducted by _____

Complaint or Appeals Resolved **Yes / No**

Student Informed of the Outcome **Yes / No** Informed by _____

Documentation Filed in Student File **Yes / No** Filed by _____