

VET STUDENT COMPLAINT OR APPEAL

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.

Full name				
Year level				
Email address				
Teacher				
Mobile telephone				
Date				
	L			
Is this a Complaint or A	ppeal			
Qualification code				
Qualification title				
Please provide details of the complaint below:				
☐ I declare that the infor	mation & documentation given	is true and accurate		
Signature of Student		Date		
Signature of Witness		 Date		
Complaints Outcome:	☐ Upheld ☐ Denied	☐ More evidence required		
Written Notice Provide	d: ☐ Yes ☐ No			

Bremer State High School

Qualification code				
Qualification title				
Units of competency for which appeal is being sought				
Code	Title			
Please provide reasons for requesting this appeal:				
☐ I declare that the information & documentation given is true and accurate				
Signature of Student		Date		
Signature of Witness		Date		
Appeals Outcome:	☐ Upheld ☐ Denied	☐ More evidence required		
Written Notice Provide	d: Yes No			
For office use only				
Processed by:	Signature:	Date:		
☐ CEO Notified				
Recorded in secure Complaints and Appeals Register				
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.