Complaints and Appeals Form

Your Details	
Date:	
Your Name:	
Date of Birth:	
Contact Details:	Phone: Address: Email Address:

Please indicate which of the following applies to you:

- ☐ Prospective student
- ☐ Current student
- ☐ Staff
- ☐ Third Party
- ☐ Other _____

Please indicate if you are lodging a complaint, an 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.

Everest Institute of Education PTY LTD Trading as Everest Institute
Head Office: 479 King Street, West Melbourne, VIC 3003
Tel:(03) 8393 6550 **E-mail:** enquiries@everest.edu.au **Website:** www.everest.edu.au

3. Are there particular staff members of Everest Institute of Education who may need to 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
Email: enquiries@everest.edu.au
Address: 479 King Street, West Melbourne, VIC 3003

OFFICE USE ONLY

Complaint / Appeals Form Received by _____

Interview Conducted Yes / No

Date of Interview _____

Complaint or Appeals Resolved Yes / No

Student Informed of the Outcome Yes / No

Documentation Filed in Student File Yes / No

Everest Institute of Education PTY LTD Trading as Everest Institute
Head Office: 479 King Street, West Melbourne, VIC 3003
Tel:(03) 8393 6550 E-mail: enquiries@everest.edu.au Website: www.everest.edu.au