

COMPLAINTS AND APPEALS FORM

Student name:	Date:
Phone/Mobile:	Email:
Please indicate if you are lodging a complaint or appeal:	Complaint 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.
2. Please make any suggestions you have to resolve this issue.	
3. Are there particular Victory Institute staff members who may need be	involved in the investigation of this complaint or appeal, and if so in what way?
Signed:	Printed name:
	Date:
F23: Complaints and Appeals Form Version No.2.1. Updated: 06 April 2020	WWW VICTORY NSW EDU AU

Market Street Campus: Level 8, 22 Market Street, Sydney NSW 2000, Australia Liverpool Street Campus: Level 6, 127 Liverpool Street, Sydney NSW 2000, Australia +61 2 9299 8889

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COMPLAINTS AND APPEALS FORM

OFFICE USE ONLY

1. Received by (Victory staff member name)		Date:	
2. Referred to Administration / Academic Manager		Date:	
3. Referred to PEO (if requested) by	(Attach outcome to this document)	Date:	
4. Referred to External Mediation (if requested) by	(Attach outcome to this document)	Date:	

RECORD OF RELEVANT PARTIES

RECORD OF THE OUTCOME

Record of outcome by	Date:

Contacted Complaints & informed of outcome by

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