

## **Complaints and Appeals Form**

This form must be completed in order to make a formal complaint or appeal at Dalton College.

## **Important Information:**

- Please read Dalton College complaint and appeal policy carefully before lodging a formal complaint or appeal.
- Please attach supporting documents relevant to this application, if any.
- Processing time varies depending to the nature of complaint or appeal.

## Please tick one of the following as applicable

- $\hfill\Box$  Complaint against initial notification of an issue
- □ Appeal against a decision that has been made by Dalton College

| Student No:            |                                       |                           |                  | Date:                           |  |
|------------------------|---------------------------------------|---------------------------|------------------|---------------------------------|--|
| Mr/Mrs/MS              | Surn                                  | ame or Family Name:       |                  | Other or Given Name:            |  |
| etc.                   |                                       |                           |                  |                                 |  |
|                        |                                       |                           |                  |                                 |  |
|                        |                                       |                           |                  |                                 |  |
| Residential            |                                       |                           |                  |                                 |  |
| Address:               |                                       |                           |                  |                                 |  |
| Contact Phone Number:  |                                       |                           | Email:           |                                 |  |
|                        |                                       |                           |                  |                                 |  |
| <b>Course Enrolled</b> | in:                                   |                           | 1                |                                 |  |
|                        |                                       | t (include details, infor | mation etc.)     |                                 |  |
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|                        |                                       |                           |                  |                                 |  |
|                        |                                       |                           |                  |                                 |  |
| Describe very ex       | encel (i                              | nclude details, informat  | ion oto \        |                                 |  |
| Describe your ap       | opeai (ii                             | nciude details, informat  | ion etc.)        |                                 |  |
|                        |                                       |                           |                  |                                 |  |
|                        |                                       |                           |                  |                                 |  |
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|                        |                                       |                           |                  |                                 |  |
|                        |                                       |                           |                  |                                 |  |
|                        | bring a                               | ny support person who     | would like to as | ssist you? Please provide their |  |
| details below.         |                                       |                           |                  |                                 |  |
|                        |                                       |                           |                  |                                 |  |
| Name:                  |                                       |                           |                  |                                 |  |
|                        |                                       |                           |                  |                                 |  |
| Relationship:          |                                       |                           | _                |                                 |  |



| Student Declaration:                                                                         |         |                   |                      |              |  |  |  |  |
|----------------------------------------------------------------------------------------------|---------|-------------------|----------------------|--------------|--|--|--|--|
| I declare the information provided in this application is true and valid and I have read and |         |                   |                      |              |  |  |  |  |
| understood the Dalton College complaint and appeal policy and procedure.                     |         |                   |                      |              |  |  |  |  |
|                                                                                              |         |                   |                      |              |  |  |  |  |
| Student                                                                                      |         |                   | Student              |              |  |  |  |  |
| Name:                                                                                        |         |                   | Signature:           |              |  |  |  |  |
|                                                                                              |         |                   |                      |              |  |  |  |  |
| Date:                                                                                        |         |                   | <u>.</u>             | -            |  |  |  |  |
|                                                                                              |         |                   |                      |              |  |  |  |  |
|                                                                                              |         |                   |                      |              |  |  |  |  |
| FOR OFFICE USE ONLY                                                                          |         |                   |                      |              |  |  |  |  |
| Received By                                                                                  |         | 1011              | OTTICE OSE OIVET     |              |  |  |  |  |
| (Name)                                                                                       |         |                   |                      |              |  |  |  |  |
| Position                                                                                     |         |                   |                      |              |  |  |  |  |
|                                                                                              |         |                   |                      |              |  |  |  |  |
| Signature                                                                                    |         |                   |                      |              |  |  |  |  |
| Date Taken                                                                                   |         |                   |                      |              |  |  |  |  |
| Action Taken:                                                                                |         |                   |                      |              |  |  |  |  |
|                                                                                              |         |                   |                      |              |  |  |  |  |
|                                                                                              |         |                   |                      |              |  |  |  |  |
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|                                                                                              |         |                   |                      |              |  |  |  |  |
|                                                                                              |         |                   |                      |              |  |  |  |  |
| Date of notification sent to                                                                 |         |                   |                      |              |  |  |  |  |
| complainant:                                                                                 |         |                   |                      |              |  |  |  |  |
| Please provide                                                                               | details | of how the compla | inant was advised of | the outcome: |  |  |  |  |
|                                                                                              |         |                   |                      |              |  |  |  |  |
|                                                                                              |         |                   |                      |              |  |  |  |  |
|                                                                                              |         |                   |                      |              |  |  |  |  |
|                                                                                              |         |                   |                      |              |  |  |  |  |
|                                                                                              |         |                   |                      |              |  |  |  |  |
| Actioned by (Na                                                                              | ame)    |                   |                      |              |  |  |  |  |
| Position                                                                                     |         |                   |                      |              |  |  |  |  |
| Signature                                                                                    |         |                   |                      |              |  |  |  |  |
| Date                                                                                         |         |                   |                      |              |  |  |  |  |
| Details of any further action required:                                                      |         |                   |                      |              |  |  |  |  |
|                                                                                              |         |                   |                      |              |  |  |  |  |
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|                                                                                              |         |                   |                      |              |  |  |  |  |
|                                                                                              |         |                   |                      |              |  |  |  |  |