

## COMPLAINT OR APPEAL FORM

Please return the completed form to [studentservices@insightacademy.edu.au](mailto:studentservices@insightacademy.edu.au)

<b>Personal Details</b>	<b>Name:</b>
	<b>Student ID (if relevant)</b>
<b>Home Address</b>	
	<b>Suburb:</b> <b>Postcode:</b>
<b>Contact Details</b>	<b>Mobile:</b>
	<b>Home Phone:</b>
	<b>Email:</b>
<b>Course(s) Enrolled (if relevant)</b>	
<b>Intake(s) Date(s) (if relevant)</b>	
<b>Other (Please specify)</b>	

**Type of Complaint or Appeal**

- Application, enrolment, induction procedures
- Assessment result
- Training Materials, facilities, content information
- Services Provided
- Personal conflict / behavior
- Appeal against internal decision
- Other (please specify)

**Please provide a specific detail of what your Complaint or Appeal is about, and when the matter(s) involved occurred.**

**Supporting Documentation - Specify and attach Originals or Certified copies. (Originals will be copied and returned to you.)**

**Appellant / Complainant Declaration**

I have read and understood the Insight Academy Grievance Policy. I agree that Insight Academy may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.

<b>Signature:</b>		<b>Date:</b>
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**Office use only**

<b>Received By:</b>		<b>Date:</b>	
<b>Entered into Complaint / Appeal Register (SMS) by:</b>		<b>Date:</b>	
<b>Comments:</b>			