



## COMPLAINTS, GRIEVANCE AND APPEAL FORM

Personal Details:	
First Name	
Last Name	
Address	
Phone (work)	
Phone (mobile)	
Phone (home)	
Email	
Please tick If applicable	Student <input type="checkbox"/> Student ID: _____ Other <input type="checkbox"/> _____

Complaint, Grievance, and Appeal Details
<p>Please tell us about your complaint, grievance or appeal (for example: appeal on intention to report to immigration) on the space provided below please provide details (if any) such as:</p> <ul style="list-style-type: none"> <li>• Name and title of staff/people involved</li> <li>• The course that you are taking</li> <li>• Dates and time</li> </ul>



**Declaration:**

- I have read and understand the WSTC Complaints, Grievance and Appeal Policy and Procedure
- I declare that the details provided in this document is accurate and true recollection of the event.
- I fully acknowledge that it is a breach of WSTC policy and procedure to provide erroneous/inaccurate version of events, by doing so WSTC has the right to terminate my current arrangement.

Signature of Complainant or Appellant:

Date: / /



Investigation Outcome	
Name:	
Date Of Investigation :	
Details Investigation:	
Office Use Only	
Date Complaint, Grievance & Appeal Form Received	



Date the Complainant/Appellant completed Form was acknowledge and sent (please tick)	<input type="checkbox"/> Email <input type="checkbox"/> Mail by Post <input type="checkbox"/> SMS
Form Details uploaded <input type="checkbox"/> Edu-point (Student) <input type="checkbox"/> Complaint Register (other)	Signature/Date:
Verified by:	Signature/Date:

### Complaints, Grievance and Appeal Outcome

Operation Manager/Director Signature:	
Signature Date:	
Complaints, Grievance and Appeal Outcome was sent to student via: <input type="checkbox"/> Email <input type="checkbox"/> Mail by Post	
Date sent:	
Date filed in Student Management System: Filed by :	