

## Student Complaints and Appeals Form

### STUDENT DETAILS

Student Number	Family Name	Given Name
Email Address		Phone / Mobile
Address		
Course		

### COMPLAINT / APPEAL

Please provide a personal statement detailing the matter relating to your complaint / appeal. Include name(s) of person(s), dates and times, where applicable. Attach evidence and/or separate sheet if additional space required.

Have you tried to resolve the matter informally?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please provide a detailed explanation of any action(s) taken, including name(s) of person(s), date and times OR reason as to why no action taken to resolve matter informally. Attach evidence and/or separate sheet if additional space required.

### DECLARATION

I declare that the information I have provided on this form is true and complete.

Student Signature:

Date:

### Please submit your completed application to Sero Institute's Student Administration Department

By post	By email	In person
Sero Institute PO Box 2547 SOUTHPORT BC QLD 4215	<a href="mailto:administration@sero.edu.au">administration@sero.edu.au</a>	<b>Gold Coast:</b> 6-8 Scarborough St, Southport QLD <b>Brisbane:</b> 205 North Quay, Brisbane QLD <b>Perth:</b> 28 Eighth Avenue, Maylands WA

**OFFICE USE ONLY**

Complaint/Appeal received by (name)	Signature	Date
Complaint/Appeal referred to	Date	

**DETAILS OF INVESTIGATION**

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**INVESTIGATION / DECISION OUTCOME**

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**DECISION NOTIFICATION**

Outcome letter provided to Complainant / Appealer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date of Letter ___/___/___
	When	By Whom			
PEO Notified	___/___/___				
Entered in aXcelerate	___/___/___				
Updated in aXcelerate	___/___/___				
Added to Register	___/___/___				