

## Student Appeals Form

*On receipt form is to be signed and copied by Cire Training Staff Member:  
Original to be given to Quality Training and Assessment Manager, copy to given to complainant for their reference*

Date received:	Received by:	Signature of Receiving Officer
Name:		
Name of advocate (if applicable)		
Address:		
Contact Number:	Fax number (if applicable)	
Email:		
Relevant Program/Course:		
Tutor Name (if applicable):		
Why do you not agree with the resolution of the complaint?		
<p>Do you have any new evidence to support your complaint? Please attach copies of relevant documents.</p> <p>What outcome would you like?</p>		
Complainant Signature:		Date:

Complaint Action (if applicable)

Signature of Quality Training and Assessment Manager

Date:

Please read the statements below and check the boxes in acknowledgement.

I understand that formal investigation of my complaint requires that the details of my complaint (including my identity) may be shared with the person who is the subject of the complaint, so they can respond. These details may also be shared with potential witnesses.

I have read the Student Complaints and Appeals Policy and the Student Complaints & Appeals Procedure and understand the process, potential consequences and outcomes of lodging this complaint.

Please lodge this form and supporting documents with Reception, or email them to Amanda Guillot, Quality Training and Assessment Manager. [amandaguillot@cire.org.au](mailto:amandaguillot@cire.org.au).

We will endeavour to contact you as soon as possible regarding your application (within a maximum of 3 days). If you are unhappy with the way your complaint is handled you may be able to appeal the outcome internally or lodge a complaint with an external organisation. For further information please refer to the Student Complaint & Appeal Policy or Procedure, or ask your trainer or the Quality Training and Assessment Manager.

**Privacy notification:** *Cire Training is subject to the Privacy Act 1988. Personal information collected on this form will be used to process and investigate your complaint. Only the people who are directly involved in the complaint will have access to information about the complaint. This complaint and further communications that form part of the complaint will be stored securely in a complaints register administered by the Training Administrator. You have the right to request access to your personal information. See the Cire website – Privacy Statement for further information.*

## Section 2

To be completed by staff member handling appeal:

Date received:	Received by:	Signature of Receiving Officer
Name:		
Name of advocate (if applicable)		
Address:		
Contact Number:	Fax number (if applicable)	
Email:		
Relevant Program/Course:		
Tutor Name (if applicable):		
Steps taken to review the appeal:		
Suggested Resolution:		
<input type="checkbox"/> Appellant advised of outcome in writing: Copy Attached <input type="checkbox"/> Staff member advised of outcome in writing: Copy Attached		
Signature of Appellant	Date:	
Staff member advised of outcome in writing: Copy Attached	Date:	
Signature of Staff Member	Date:	