

Complaints and Appeals Form

Name	
Family Name	
Student Id	
Address	
Email:	
Telephone number	
Course code &Name	
Educator	
Type of Incident:	□ Complaint □ Appeal
Date	
Describe the nature of the (Attach additional papers in the second secon	ne Complaint/ Appeal: f you need more writing space)
Describe any efforts made	de to resolve the issue:
(Attach additional papers i	f you need more writing space)

Document Name	Complaints and Appeals Form	Company name	MITT	Issued:	July 2024	Ver 4
Authorised by QMC	CRI	COS # 03529J	RTO # 41577	Review:	24 months	
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Student Signature		Date	
Office use only Detailed action t	iakon:		

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Continuous improvement Record (CIR) made yes No
Date CIR raised Allocated CIR number:
Signature:

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