

# Student Complaints Form

Date:	<input type="text"/>		
Title:	<input type="text"/>	Date of Birth:	<input type="text"/>
Full Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
Phone Number:	<input type="text" value="( )"/>	Email Address:	<input type="text"/>
Course:	<input type="text"/>	Subject enrolment (if relevant):	<input type="text"/>

## Declaration

I have read and understood the Mentor Education Complaints and Appeals Policy and acknowledge that it is to the discretion of Mentor Education senior staff to take action to resolve the complaint. Should the need for further investigation be required I understand that I may be contacted for further information and the complaint may be escalated to the appeals process.

Signature:

Date:

Please describe your complaint ( include details, information or evidence to support your argument):

Have you attempted to solve this issue informally?  Yes  No

If yes, can you please provide a brief summary of this process including actions taken by you or Mentor Education staff:

If any new evidence has been found please briefly describe or provide the evidence :

Student Signature:

Date:

# Appeal Lodgement Form

(Please note this must be submitted within 10 days of receiving notification of the outcome of your complaint)

Date:	<input type="text"/>		
Title:	<input type="text"/>	Date of Birth:	<input type="text"/>
Full Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
Phone Number:	<input type="text" value="( )"/>	Email Address:	<input type="text"/>
Course:	<input type="text"/>	Subject enrolment (if relevant):	<input type="text"/>

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Date:

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Student Signature:

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