



**STUDENT
COMPLAINTS AND
APPEALS FORM**

RTO CODE: 40749

ABN: 42 163 146 978

Student Complaints and Appeals Form

Instructions:

- This form should be completed by a student who would like to lodge a formal complaint or appeal against a decision made by Headway Education.
- Please note that all the complaints and appeals will be dealt in accordance with Headway Education's *Student Complaints and Appeals Policy and Procedure*.
- Please complete this form and email it to admin@headwayeducation.com.au or submit it at the reception along with any supporting documents.

Student Details

Full Name	
Date of Birth	
Student ID (if applicable)	
Email	
Phone or Mobile	
Address	
Current Status	<input type="checkbox"/> Studying <input type="checkbox"/> Withdrawn <input type="checkbox"/> Graduated <input type="checkbox"/> Other, please state _____

Please indicate if you are lodging a complaint or an appeal.

- Complaint
 Appeal

Complaint or Appeal Details

1. Please outline the reasons for your complaint or appeal in as much detail as possible. Please also submit documents that support your complaint or appeal.

2. What outcome do you expect of this complaint or appeal?

3. Are there particular staff of Headway Education who may need to be involved in the investigation of this complaint or appeal and in what way?

Student Declaration:

<input type="checkbox"/>	All the information provided by me through this form is true, correct, and authentic to the best of my knowledge.
<input type="checkbox"/>	I have read and understood Headway Educations' Complaints and Appeals Policy and Procedure and Privacy Policy.
Student Signature	
Full Name	
Date	