

# Complaints and Appeals Form



This form should be used to submit a complaint or appeal. Complaints or appeals must be lodged within fourteen (14) calendar days of the event or decision.

The information provided on this form will be used exclusively to resolve your complaint/appeal. None of the information you provide on this form will be disclosed to anyone outside of the business without your permission, unless we are required to do so by law. The information provided within this form may be used for the continuous operations of Coex Training's operations.

Please submit the completed form in person to a Coex Training team member or via email to [info@coextraining.com](mailto:info@coextraining.com)

Student Details			
First Name		Surname	
Email		Mobile	
Course Attended			
Date of Course			
Application Details			
Reason for Application	Complaint <input type="checkbox"/>		Appeal <input type="checkbox"/>
Reason for complaint <input type="checkbox"/> Trainer/Staff member (please provide name): <input type="checkbox"/> Services provided (please specify): <input type="checkbox"/> Other (please specify)		Reason for appeal <input type="checkbox"/> Academic Assessment outcome (please list relevant course/units) <input type="checkbox"/> Non-Academic outcome or decision <input type="checkbox"/> Fees or charges applied <input type="checkbox"/> Other (please specify)	
<b>Have you made a previous complaint about this issue?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, provide date:			
Summary of Complaint/Appeal			
Outline the details of your complaint/appeal below and attach supporting evidence and continue on additional pages if required			
Student Acknowledgement			
I have read and understand the Coex Training Complaints and Appeals policy. I understand that I may be requested to provide further information or attend a meeting upon request to discuss my complaint/appeal. I understand that the information I provide may be used for the continuous improvement of Coex Training's operations.			
Student Name			
Signature		Date	

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Office Use Only			
Receiving Staff Member		Date Received:	
Complaint/appeal recorded in student file in aXcelerate <input type="checkbox"/>			
Acknowledgement sent to student <input type="checkbox"/>			
Review Details			
Complaint/Appeal reviewed by		Position	
Date of Review			
Findings:			
Decision:			
Appeal Outcome			
Appeal Upheld <input type="checkbox"/>		Appeal Overturned <input type="checkbox"/>	
Add to CI Register:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Notes:			
Signature		Date of decision	
Student file in aXcelerate updated with outcome <input type="checkbox"/>			
Notice of outcome sent to student <input type="checkbox"/>			
CI Register updated (if required) <input type="checkbox"/>			
Goals/Quality Register updated in aXcelerate (if required) <input type="checkbox"/>			