BIBA ACADEMY

Complaints and Appeals Form

Your Details	
Date:	
Your Name:	
Contact Details:	Phone: Address: Email Address:

Please indicate which of the following applies to you:

- ☐ Prospective student
- ☐ Current student
- ☐ Past student
- ☐ Workplace or Employer
- ☐ Partner Organisation
- ☐ Other _____

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

- ☐ Complaint
- ☐ Appeal (unrelated to assessment)
- ☐ Assessment Appeal

1. Please outline the reasons for your complaint or appeal in as much detail as possible. You may attach additional pages and supporting information as needed.

For complaints and appeals not related to assessment, please complete the following.

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2. Please make any suggestions you have to resolve this issue.
3. Are there particular staff members of Biba Academy who may need be involved in the investigation of this complaint or appeal and in what way?
For assessment appeals, please complete the following.
4. Which unit and/or task is this appeal in relation to?

Signed:		Date:	/ /
Printed name:			

Please return this form using the details below.

236 Johnston St, Fitzroy, Vic 3065