



STUDENT COMPLAINTS AND APPEALS FORM

APPLICANT DETAILS

Student Name:	
Date of Birth:	_ / _ / _
KENT Student ID:	
Course:	
Campus Location (Please tick):	<input type="checkbox"/> Sydney <input type="checkbox"/> Melbourne

CONTACT DETAILS

No. and Street Name:	Suburb:
Country:	Postcode/Zip code: (If applicable)
E-mail Address:	Mobile Number:

COMPLAINT/ APPEAL DETAILS

Is this Application: (please <input checked="" type="checkbox"/> tick one)	<input type="checkbox"/> A Complaint OR <input type="checkbox"/> An Appeal against a decision/outcome/grade	
Is this Application: (please <input checked="" type="checkbox"/> tick one)	<input type="checkbox"/> An Academic Matter OR <input type="checkbox"/> A Non-academic Matter	
Please provide a detailed explanation of the Complaint/ Appeal (Attach separate page if more space is required and any documentation as evidence)	Date/Time of Action Taken	EVIDENCE ATTACHED Yes (Y) No (N)
The name of people, staff or organisations you have approached in relation to your Complaint/Appeal?	Date/Time of Action Taken	EVIDENCE ATTACHED Yes (Y) No (N)
In your opinion, what do you believe would be a suitable solution for this Complaint/Appeal?		

APPLICANT DECLARATION: (please tick each statement to confirm your declaration)

- I confirm that I have identified the Complaint/Appeal according to the best of my knowledge and attached any supporting documentation that I have relevant to this matter.
- I confirm that I have read the Kent Complaints and Appeals Policy and Procedure. Refer to ([Documents](#)> *Student Policies and Forms > POLICY– Complaints and Appeals Policy & Procedure – Login Required*)
- I declare that the information provided by me is true and complete and I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may delay the processing of my application.
- I understand that where a timeframe is given to lodge an appeal, I am submitting this within the given period.
- I declare that I have read and understood the Student Payments Policy and Procedure and the Student Refund Policy and Procedure as it relates to this Application. Refer to ([Documents](#)> *Public Policies and Forms > POLICY – (Student Payments Policy and Procedure) and POLICY – (Student Refund Policy and Procedure)*)

I declare that by ticking the listed items above I have provided information on this form that is true and correct and the provision of incorrect information may result in the termination of my enrolment at Kent due to misconduct.

Signature: _____	Date: / /
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OFFICE USE ONLY:

Date Complaint/Appeal Form received	Date: / /	Staff Initials:
Date Acknowledgment letter sent to Applicant: (Must be within 5 working days of receipt of the Complaint/Appeal)	Date: / /	Staff Initials:
Campus Nominated Officer:		
Name: _____		
Position: _____		

APPLICATION OUTCOME:

Brief description of Outcome:	<input type="checkbox"/> Upheld <input type="checkbox"/> Declined
Notice of decision including a detailed assessment and further entitled action sent to the Applicant (must be within 10 working days of decision)	/ /
Campus Nominated Officer: (sign off)	/ /

ADMINISTRATION

<input type="checkbox"/> Complaints/Appeals Register Updated	Date: / /	Staff Initials:
<input type="checkbox"/> Student file updated on SIS (RTO Manager)	Date: / /	Staff Initials: