

Complaint / Appeal Application

Family Name:	Given Name
Address	
Telephone (Brisbane):	Mobile:
Email:	
Student Number:	Current class:

Details of Complaint / Appeal

Please outline your complaint or appeal including what action you have taken to date, who you have discussed the matter with and what response you received. Please attach any documentation that you believe is relevant to this situation. Please use a separate sheet of paper if there is not enough room below.

Details of complaint/appeal:

The ICTE staff member who discussed this matter with you:

The outcome you are requesting:

Signature:

Date:

The process of dealing with your complaint / appeal will commence within ten (10) working days of submission and you will receive a written response or, a meeting may be arranged to discuss the matter further.

ADMIN USE ONLY	
Date Received:	Application taken by: