

SECTION 1: STUDENT DETAILS

Date: / /

Student Name:

Student ID:

Phone No.:

Email Address:

Address:

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.

Please make any suggestions you have to resolve this issue

Are there particular staff members of ACTB who may need to be involved in the investigation of this complaint or appeal and in what way?

For assessment appeals, please complete the following.

Which unit and/or task is this appeal in relation to?

Signature:

Date: / /

Printed Name:

Note: Please send this form to us via your email address registered with us, to admin@dit.edu.au