

Complaints and Appeals Form			
Name:		Date:	
Mobile:	Email Address:		
Address:		Suburb:	
Please indicate which of the following applies to you:			
<input type="checkbox"/> Prospective student	<input type="checkbox"/> Past student	<input type="checkbox"/> Partner Organization	
<input type="checkbox"/> Current student	<input type="checkbox"/> Workplace or Employer	<input type="checkbox"/> Other _____	
Please indicate if you are lodging a complaint, appeal or an assessment appeal.			
<input type="checkbox"/> Complaint	<input type="checkbox"/> Assessment Appeal		
<input type="checkbox"/> Appeal (unrelated to assessment)	<input type="checkbox"/> Finance		
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 the college who may need 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?			
<b>Student to Complete</b>		<b>BIC OFFICE USE ONLY</b>	
Print Name:	Signature:	Print Name:	Signature:
Date:    /    /		Received Date:    /    /	

**Please return this form to the address below**  
G03, 247 King St., Mascot Sydney NSW 2020 Australia