

COMPLAINT / APPEAL FORM

ENGLISH LANGUAGE PROGRAMS



CONFIDENTIAL

To complete this form:

- Answer all questions on the form
- Use BLOCK LETTERS and tick check boxes where required

Please return form to:

USC International—ML17
Locked Bag 4
Maroochydore DC Qld 4558 Australia

Fax: +61 7 5430 2836

Email: study@usc.edu.au

1.0 PERSONAL DETAILS

Student ID number:

Family name:	Given names:
Address in Australia:	
USC student email address:	
ELP Class:	Mobile:

Please indicate if this is a **complaint** or an **appeal** against a decision (*please tick one*): Complaint Appeal

2.0 DETAILS OF PROBLEM OR ISSUE

Describe the problem or issue, giving details of the timing of events that occurred.

3.0 WHAT DO YOU WANT TO HAPPEN?

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4.0 WHAT HAS HAPPENED SO FAR TO FIX YOUR PROBLEM OR ISSUE?

5.0 WHAT DOCUMENTS HAVE YOU INCLUDED TO SUPPORT YOUR STATEMENT?

List the documents you have included to support your statement, eg medical certificate.

6.0 DECLARATION

I declare that the information provided above is true and correct.

Signature:	Name:	Date:
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NOTE: You will receive a response to your complaint or internal appeal in writing within 10 working days. It is important that you lodge your appeal of the complaint decision within 20 working days.