

Complaints and Appeals Form

STUDENT INFORMATION		
Given Full Name:		
Family Names:		
Date of Birth:	Phone Number:	
Postal Address:		
City:	State:	Post Code:
Preferred Email:		
Enrolled Course:		
COMPLAINT AND APPEAL DETAILS		
Complaint relates to:		
<input type="checkbox"/> Academic matter <input type="checkbox"/> Non – academic matter		
Please provide a statement giving full details of your complaint/appeal		
Your statement should include the following information:		
<input type="checkbox"/> Name and title of people involved <input type="checkbox"/> Dates and times of events <input type="checkbox"/> The name of people or organisation you have approached in relation to your complaint/appeal <input type="checkbox"/> The effect the complaint/appeal has had on you <input type="checkbox"/> Copies of any documents relating to your complaint/appeal (e.g. witness statements)		

STUDENT DECLARATION	
<p>Have you?</p> <p>Described the type of complaint or appeal: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attached relevant supporting documentation: <input type="checkbox"/> Yes <input type="checkbox"/> No (If applicable)</p> <p>1. I have read the AMCA’s Complaint and Appeal Policy and Procedure.</p> <p>2. I declare that the information provided by me is true and complete. 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.</p>	
<p>DECLARATION:</p> <p><i>I declare that the information provided and submitted by me on this form along with any supporting documents is accurate in all respects. I acknowledge that the provision of incorrect information may result in the termination of my enrolment with the Air Conditioning & Mechanical Contractors Association of Australia Limited (AMCA).</i></p> <p><i>I declare that I have read and understood the Complaints and Appeals Policy and Procedure as it relates to this application.</i></p>	
<p>Signature of Student:</p>	<p>Date:</p>

OFFICE USE ONLY	
<p>Date Complaint and Appeal Form received:</p> <p>Date Acknowledgement letter sent to student/client: ____ / ____ / ____ (must be within five (5) working days)</p> <p>Complaint handling Record sheet completed: <input type="checkbox"/></p>	
<p>AMCA National Training Manager:</p>	
<p>Signature:</p>	<p>Date:</p>

STUDENT OUTCOME	
<p>National Training Manager/AMCA delegate</p> <p>Signature:</p>	 <p>Date:</p>
<p>Notice of decision sent to student/client (within ten (10) working days)</p>	<p>Name:</p> <p>Date:</p>