

Your Details

Date		Student ID		Course	
Your Name					
Address					
Email		Mobile No.			

Please indicate which of the following applies to you

☐ Student ☐ Workplace or Employer

Please indicate if you are lodging a complaint, appeal or an assessment appeal.

☐ Complaint ☐ Appeal (unrelated to assessment) ☐ Assessment Appeal

**1. 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.

2. Please make any suggestions you have to resolve this issue.

3. Are there particular staff members of Stamford 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.

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

Student Signature

Date

Your Name

Please submit this form to Student Services Officer in campus or email to services@stamford.edu.au