



Complaints and Appeals Application Form

First Name:	Student ID Number:
Last Name:	Date of Birth:
Commencement Date:	Date of Application:
Completion Date:	Signature of Applicant:
Contact Number:	Name of Lecturer:
Email Address:	Deadline: office use only
Current Residential Address:	

Please tick one of the following options to indicate the type of application:

- Complaint**
 An issue or event that has occurred
- Appeal**
 An appeal against a decision that was made by IHMA

Name of the complainant or appellant company- if applicable

First Name:	Last Name:
--------------------	-------------------

Please tick one of the following options to indicate the type of complaint or appeal.

- Delivery and Assessment
 Administration and Finance
 Letter intended report student to DEEWR via PRISMS sent by IHMA due to one of the below reason
- Disciplinary Reason
 - Non Payment of Fees
 - Unsatisfactory Course Progress- section 20

Please explain

Please suggest your ideas or solutions that you think may resolve this conflict.

Office Use

Case handled by- Name of appointed staff member		Processed Copy on Student File
Date of Action:		

Data and Student's File Updates

Data	Name of Officer	Date
Quickbooks		
Wisenet		
Copy on Student Administration File		

Document: \IHMA \Forms\Complaints and Appeals	Implementation Date: 04/08/2010
Authorised by: Geoff Wallace	Review Date: 04/09/2011