
National Academy of Professional Studies

NAPS SS001F Appeals and Complaints Form

To be filled out by the Complainant and submitted to Student Services at studentservices@naps.edu.au.

Complainant Name:	Student Number:
Email:	Contact No:
Course:	Date of Incident:
Please describe the matter that you want to raise as an appeal or a complaint:	
Appeal/Complaint Resolution- Please answer the questions below then describe efforts made to resolve the issue relating to the complaint:	
<ol style="list-style-type: none"> 1. Have you discussed the issue(s) with the person involved or the relevant member of staff? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Where that is not appropriate or effective, the complaint can be discussed with the Academic Support Manager/ Student Services Manager. Have you done this? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. If you are filling in this form, does this mean you are not satisfied with the suggested resolution? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
Please explain and include what outcome you are seeking:	
Applicant's Signature:	Date:

For Office Use Only

Note: Please attach completed form with any other supporting evidence and submit to the Academic Support Manager within 24 hours	
<p>Follow up</p> <p>Complaints and Assessment Appeal Register: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Allocated No.:</p> <p>Date Raised:</p>	<p>Decision of Appeal/Complaint:</p> <p>Signature of the President:</p>
<p>Complaints Received by the President <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date:</p>
<i>Our policy is to keep a register of complaints and appeals recorded in student system management and student file</i>	