
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.

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| Complainant Name: | Student Number: |
| Email: | Contact No: |
| Course: | Date of Incident: |
| Please describe the matter that you want to raise as a complaint: | |
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| Complaint Resolution- Please answer the questions below then describe efforts made to resolve the issue relating to the complaint: | |
| 1. Have you discussed the issue(s) with the person involved or the relevant member of staff or the trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Where that is not appropriate or effective, the complaint can be discussed with the Academic Manager or 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: | |
| | |
| Complainant's Signature: | Date: |

For Office Use Only

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| Note: Please attach completed form with any other supporting evidence and submit to the Academic 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:</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> | |