

Date: _____

To: _____ **Title:** _____

From: _____ **Title:** _____

REFERENCE NO
<input type="checkbox"/> Client Complaint <input type="checkbox"/> Client Appeal

Section A – Student to complete		
Complaint / Appeal		
Details including cause:		
<input checked="" type="checkbox"/> supporting documents attached <input checked="" type="checkbox"/> supporting documents will be provided at meeting		
<table style="width: 100%;"> <tr> <td style="width: 70%;">Signed By: _____</td> <td style="width: 30%;">Date: _____</td> </tr> </table>	Signed By: _____	Date: _____
Signed By: _____	Date: _____	

Section B – Office Use Only	
Meeting Booking	
Date:	_____
Departments required:	_____

Section C – Office Use Only
Minutes of Meeting
Attendance:

Details (attach separate document if required):

Section D – Office Use Only
Outcome / Decision

Date:	<input type="checkbox"/> Outcome supports Student? <input type="checkbox"/> Outcome supports Academia International?
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Details:

Section E – Office Use Only
**Decision and/or Corrective and Preventative Action Implemented
(applicable if Section D supports Student)**

Details:	Completed By/Date

Section F – Office Use Only
Outcome Provided to Student

Details:	Completed By:	Date:
<input type="checkbox"/> Outcome letter sent to Student		
<input type="checkbox"/> External Appeal Process sent (if applicable)		