

COMPLAINANT INFORMATION

Family Name:		Student Number:
Given Name(s):		
Date of birth: dd / mmm / yyyy	Phone:	
Postal Address:		
City:	State:	Post Code:
Preferred E-mail:		
Enrolled Course:		

COMPLAINT AND APPEAL DETAILS

Complaint or Appeal relates to:

Academic Matter

Non-Academic Matter

Please provide a statement in the space below giving full details of your complaint/appeal
Your statement should include the following information:

- Name and title of people involved
- Dates and times of events
- The name of people or organization you have approached in relation to your complaint/appeal
- The effect the complaint/appeal has had on you
- Copies of any documents relating to your complaint/appeal (e.g witness statements)

STUDENT DECLARATION

Have you?

Identified the type of complaint or appeal : Yes No

Attached relevant supporting documentation: Yes No

*If you have answered for any of the above **NO**, please note that your application will not be assessed until the appropriate documentation is provided.*

1. I have read the Complaints and Appeals Policy and Procedure
2. I declare that the information provided by me is true and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may delay the processing of my application
3. I understand that MEGT Education might amend CoE details on PRISMS as appropriate and that I need to contact the Department of Immigration and Border Protection to discuss my circumstances – Applicable to international students only

Declaration: I declare that the information provided and submitted by me on this form along with any supporting documents is accurate in all respects. I acknowledge that the provision of incorrect information may result in the termination of my enrolment with MEGT Education. I declare that I have read and understand the Refund Policy and Procedure as it relates to this application.

Signature of complainant:

Date:

Upon completion of this form please submit to complaints_appeals@megt.com.au

OFFICE USE ONLY

Date Complaints and Appeals Form received:

Date Acknowledgement letter sent to student: ___/___/___ (must be within 5 working days)

Complaints and Appeals Register updated

Campus Manager/State Manager/eLearning Manager

Signature:

Date: ___/___/___

APPLICATION OUTCOME

Campus Manager/State Manager/eLearning Manager

Signature:

Date:

Notice of decision sent to student (max 10 working days)

Name:

Date: ___/___/___