

Your Details

Family Name:		First Name:	
Date of Birth:		Student ID: <i>(if known)</i>	
Mobile:		Home Phone:	
Email Address:			

Please indicate which of the following applies to you:	<input type="checkbox"/> Prospective student <input type="checkbox"/> Current student <input type="checkbox"/> Past student <input type="checkbox"/> Workplace or Employer <input type="checkbox"/> Other:
Please indicate if you are lodging a complaint, appeal or an assessment appeal.	<input type="checkbox"/> Complaint <input type="checkbox"/> Appeal (unrelated to assessment) <input type="checkbox"/> Assessment Appeal
Please outline the reasons for your complaint or appeal in as much detail as possible. You may attach additional pages and supporting information as needed.	

Complaints and Appeals Form



For complaints and appeals not related to assessment, please complete the following:

Please make any suggestions you have to resolve this issue.	
Are there particular staff members of Sechi Hair Academy who may need to be involved in the investigation of this complaint or appeal and in what way?	

For assessment appeals, please complete the following:

Which unit and/or task is this appeal in relation to?	
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Student Name:	
Signature:	
Date:	

Please return this completed form to:
Sechi Hair Academy, Level 1, 81 Watton Street, Werribee VIC 3030