

**COMPLAINT AND APPEAL FORM**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Details:

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Please indicate which of the following applies to you:**

- Prospective student
- Current student
- Past student
- Workplace or Employer
- Partner Organisation
- Other \_\_\_\_\_

**Please indicate if you are lodging a complaint, appeal or an assessment appeal.**

- Complaint
- Appeal (unrelated to assessment)
- Assessment Appeal

1. I wish to withdraw from the course I am enrolled in with Campbell Institute. I wish to withdraw for the following reason:

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

2. Please make any suggestions you have to resolve this issue.

3. Are there particular staff members of Campbell Institute who may need be involved in the investigation of this complaint or appeal and in what way?

**For assessment appeals, please complete the following.**

4. Which unit and/or task is this appeal in relation to?

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature:

**Please return this form via email to:  
info@campbellinstitute.edu.au**