



APPEAL LODGMENT FORM

Personal details:

Student Name:	
Student ID:	Date of Birth:
Email:	Phone:
Address:	
Current Course:	Intake Date:

Appeal details:

Please indicate the reason for your appeal:

Please provide details regarding your appeal:



Student Declaration:

I, _____, hereby declare that all the documents and information provided are true and genuine.

I have read and understood the HIA Complaints and Appeals Policy and acknowledge that the other party to the complaint may be contacted in an attempt to resolve the issue.

I agree that HIA may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.

Student Signature

Date

Outcome Acknowledgement

I, _____, confirm that I have received the outcome of my Appeal.

*To be completed by the student when the appeal outcome is received.

Student Signature

Date



For office use only:

Received by: _____

Signature: _____ Date: _____

Assessed by: _____

Signature: _____

Application outcome: _____

Date of Outcome: _____

Proposed actions identified and possible improvement implementation based on complaint:

Name

Signature

Date

Outcome method used: Email Phone In Person

Registered into Student File: Yes No

Student advised by:

Signature: _____

Date: _____