



Student Complaints and Appeals Form

STUDENT DETAILS

Student Number

Family
Name

Given
Name

Email Address

Phone / Mobile

Address

Course

COMPLAINT / APPEAL

Please provide a personal statement detailing the matter relating to your complaint / appeal. Include name(s) of person(s), dates and times, where applicable. Attach evidence and/or separate sheet if additional space required.

Have you tried to resolve the matter informally?

Yes

No

Please provide a detailed explanation of any action(s) taken, including name(s) of person(s), date and times OR reason as to why no action taken to resolve matter informally. Attach evidence and/or separate sheet if additional space required.

DECLARATION

I declare that the information I have provided on this form is true and complete.

Student Signature:

Date:

Submit your application:

In person: 6/34 Old Cleveland Rd, Stones Corner Qld 4120

Email: admin@pin.edu.au

Pinnacle Institute

Head Office: 6/34 Old Cleveland Rd, Stones Corner QLD 4120

RTO No: 41329 | ABN: 42 607 056 959 | CRICOS: 03942G | Email: admin@pin.edu.au | Web: www.pinnacleinstitute.edu.au

Version 1.0 | October 2021

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