



Complaints and Appeal Form

Shailer Park State High School

Please email your completed form to: office@shailerparkshs.eq.edu.au

Section 1: Your Information	
Full Name:	
Email:	

Section 2: Third Party Details and Consent Confirmation		
Are you lodging this complaint or appeal on behalf of another person? <i>If you answer no, please move to section three.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name of affected individual:		
What is their relationship to you?		
Has the individual consented to you lodging this complaint or appeal on their behalf?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section 3: Concern Details	
<i>Please indicate if the form is being completed for a complaint or appeal; then indicate the type of complaint or appeal.</i>	
<input type="checkbox"/> Complaint	<input type="checkbox"/> Appeal
<input type="checkbox"/> Staff Conduct or Student Protection	<input type="checkbox"/> Final Assessment Decision
<input type="checkbox"/> Student Conduct	<input type="checkbox"/> Final Competency Decision
<input type="checkbox"/> Administrative (i.e. non-issuance of certificate)	<input type="checkbox"/> Financial (e.g. non-refund of subject levy)
<input type="checkbox"/> Quality of Training	<input type="checkbox"/> Other
<input type="checkbox"/> Other	
<i>If other, please describe:</i>	

Section 4: Training Details	
Name of Qualification:	
Name of Person (if relating to a staff or student conduct):	
Date(s) of Occurrence:	

Section 5: Details of Complaint or Appeal

Reason for your complaint or appeal:

Steps taken prior to submitting complaint or appeal:

Outcomes you are seeking from this process: