

Appeal Lodgement Form

Please refer to SIIT Complaint and Appeal Policy and Procedure before completing this form.

Student Details			
Student Name		Student ID	
Course Name			
Contact Details in Australia			
Address			
Phone/Mobile No.		Email	
Student Acknowledgement (to be completed when appeal outcome received).			
<input type="checkbox"/> I confirm that I have received the outcome of my complaint and that I agree with the outcome. <input type="checkbox"/> I confirm that I have received the outcome of my complaint. I DON'T agree with the outcome. I will not continue to pursue this issue. <input type="checkbox"/> I confirm that I have received the appeal result. I don't agree with the outcome. I will pursue further to have the matter resolved. Please refer to <i>SIIT Complaint and Appeal Policy and Procedure</i> available on www.siid.nsw.edu.au for further options available for you.			
Reasons for Appeal			
Student Declaration: I hereby declare that all the information and documents provided are true and genuine.			
Student's Signature: _____		Date: _____	
For Office Use Only			
Received by:	(SIIT Officer's Signature)	Date:	
Actions recommended by the Course Coordinator/Academic Manager	<input type="checkbox"/> Confirm the outcome <input type="checkbox"/> Amend the outcome (with details) <input type="checkbox"/> Other		
Signature:		Date:	
Actioned and filed by:	(SIIT Officer's Signature)	Date:	