



ETEA Complaints and Appeals Form

Name			
Family Name			
Student Id			
Address			
Email:			
Telephone number			
Course code & Name			
Educator			
Type of Incident:	<input type="checkbox"/> Complaint <input type="checkbox"/> Appeal		
Date			
Describe the nature of the Complaint/ Appeal: (Attach additional papers if you need more writing space)			
Describe any efforts made to resolve the issue: (Attach additional papers if you need more writing space)			
Student Signature		Date	

Disclaimer: Once this document is removed from the owner drive or printed this document is no longer controlled.

Document Name	ETEA Complaints and Appeals form	Company name	ETEA	Issued:	March 2025	Ver 6
Authorised by QMC	CRICOS # 02925E	RTO # 5089	Review:	24 months		
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Office use only
Detailed action taken:
Continuous improvement Record (CIR) made <input type="checkbox"/> Yes <input type="checkbox"/> No
Date CIR raised _____ Allocated CIR number: _____
Signature:

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