**Inter-Continental Colleges**

ABN 57 090 116 555
CRICOS Provider Code: **02214C**
www.intercontinental.edu.au

PO Box 384
CORRIMAL NSW 2518
Ph: +61 2 9791 6555

Fax: +61 2 9791 6544
Sydney@intercontinental.edu.au

# COMPLAINTS AND APPEALS FORM

| | | | | | |
|---|---|---|---|---|---|
| Family Name | | | | | |
| Given Name | | | Date of birth | | |
| Address | | | | | |
| Suburb | | State | | Postcode | |
| Email Address | | Telephone | | | |
| Date submitted | | | Student 1D | | |
| Course | | | Start Date on CoE | | |
| Agent | | | | | |

## HAVE YOU READ THE COMPLAINTS & APPEALS PROCEDURE?

**(Please tick which one)**

| COMPLAINT | | APPEAL | |
|---|---|---|---|

**REASON**

**Student's Signature** ……..……

**Staff Member's Signature** ……..……

**Date** ……