

COMPLAINT AND APPEAL FORM

This form and any supporting evidence should be submitted to Reception. The student will be notified within 10 working days the outcome of their complaint/appeal. For further information please refer to the Student Complaint and Appeal Policy available on the Le Culinaire Hospitality Management: www.leculinaire.edu.au

STUDENT PERSONAL DETAILS	
Full name:	Student ID:
Date of Birth:	Mobile No:
Course Name:	Email:
COMPAINT/ APPEAL	
Describe your complaint/appeal here and/or attach separate paper if necessary	
Evidenced provided:	
Declaration:	
I, the undersigned the information provided in this form is true and correct	
Student signature:	Date:/
OFFICE USE ONLY	
Received by:	Received date:
Reviewed by:	Date:
☐ Approved ☐ Declined	
☐ aXcelerate Diary Note ☐ Form uploaded i	n aXcelerate
Outcome/Comments:	



