

Student Complaints and Appeals Form

International Student Program

Please use this form for

- Appeals against academic assessment;
- Appeals against the notification of intention to cancel CoEs
- Appeals against the result of an application for special consideration in relation to an individual student;
- Appeals against the application for suspension/deferment/cancellation of enrolment;
- General complaints

Please note: The Principal & CEO will consider your concerns within ten working days and will arrange a meeting with you or respond to you in writing. You will be notified of the outcome of your request, and the reasons for any School decisions, within five working days.

Important Information:

- The Complaints and Appeals Policy and Form can be accessed on our website: <https://iggs.qld.edu.au/why-iggs/international/international-policies-and-forms/>.
- You should read the policy and procedures carefully to establish your eligibility for a Complaint or Appeal.
- Any request for a student's Complaint or Appeal must be made in writing using this form.
- Before your Complaint or Appeal Form will be considered you must complete all the sections below and attach documents relevant to your application.
- The completed form can be emailed to the Principal & CEO at principal@iggs.qld.edu.au or handed in to the Enrolments Registrar in the Enrolments Office located in the main administration building.

Attachments: Please ensure you attach any relevant supporting documentation.

Please note: This form will be assessed once all documentation has been received. The School may ask for more documentation if required.

Contact Details			
Student Name:			
Year Level:		House:	
Ipswich Girls' Grammar Boarder:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Cribb House Chermside Road & Queen Victoria Parade Ipswich QLD 4305
If you have ticked No for boarding please provide current Address in Australia:	Street Address:		
	Suburb:	Postcode:	State:
Address in home country:			
Home Phone No:		Mobile Phone No:	
Email Address:			

Details of the Complaint:

Details of the Appeal:

Student Declaration

I declare the information provided in this application is true and correct and I have read and understood the information regarding the Complaints and Appeals Process of the School.

_____	_____	_____
Student Name	Student Signature	Date
_____	_____	_____
Parent 1 Name	Parent 1 Signature	Date
_____	_____	_____
Parent 2 Name	Parent 2 Signature	Date

Office Use Only

Outcome: **Approved** **Not Approved**

Received: _____ **Date:** ____ / ____ / ____

Processed by: _____ **Date:** ____ / ____ / ____

Staff Signature: _____ **Date:** ____ / ____ / ____

Position: _____ **Date:** ____ / ____ / ____