



# VET Department

Collaboration | Integrity | Empowerment | Innovation

## Complaints and Appeals Form

Once you have completed the complaints and appeals form, please email it to [VET@loganleashs.eq.edu.au](mailto:VET@loganleashs.eq.edu.au) with the subject ATTN: Complaints Officer

### Section 1: Your Information

<b>Full Name:</b>	
<b>Email:</b>	
<b>Date:</b>	

### Section 2: Third Party Details and Consent Confirmation

Are you lodging this complaint or appeal on behalf of another person? <i>If you answer no, please move to section three.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Name of affected individual:</b>		
<b>What is their relationship to you?</b>		
Has the individual consented to you lodging this complaint or appeal on their behalf?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### Section 3: Concern Details

Please indicate if the form is being completed for a complaint or appeal; then indicate the type of complaint or appeal.

<input type="checkbox"/> Complaint	<input type="checkbox"/> Appeal
<input type="checkbox"/> Staff Conduct or Student Protection	<input type="checkbox"/> Final Assessment Decision
<input type="checkbox"/> Student Conduct	<input type="checkbox"/> Final Competency Decision
<input type="checkbox"/> Administrative (i.e. non-issuance of certificate)	<input type="checkbox"/> Financial (e.g. non-refund of subject levy)
<input type="checkbox"/> Quality of Training	<input type="checkbox"/> Other
<input type="checkbox"/> Other	
<b>If other, please describe:</b>	

### Section 4: Training Details

<b>Name of Qualification:</b>							
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<b>Name of Person (if relating to a staff or student conduct):</b>	
<b>Date(s) of Occurrence:</b>	

### Section 5: Details of Complaint or Appeal

<b>Reason for complaint or appeal:</b>	
<b>Steps taken prior to submitting complaint or appeal:</b>	
<b>Outcomes you are seeking from this process:</b>	

### Section 6: Acknowledgement and Declaration

	I declare that the information I have provided is true and correct to the best of my knowledge. I understand that this complaint or appeal will be managed in accordance with Loganlea State High School's Complaints and Appeals Policy.
<b>Signature:</b>	
<b>Date:</b>	

#### Privacy Notice:

The information collected in this form will be used solely for the purpose of investigating and resolving your complaint or appeal. It will be kept confidential and only shared with relevant parties involved in the resolution process in accordance with the school's privacy policy.

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