

## F.14V04 Student Complaint Form

Family Name:  Given Name:

Student ID:  Date of Birth:

Course Name:

Home Phone:  Mobile Phone:

Please state the nature of your appeal including dates, times and other people involved  
(Any additional supporting documents should be attached with this form)  
Attach extra pages if required.

General Complaint     Assessment Complaint     ESOS Complaint

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Expected resolution date:

*(Twenty days from the date of lodgement unless otherwise agreed by both parties)*

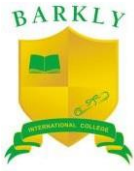
SIGNATURE:  DATE:

**OFFICE USE ONLY:**

RECEIVED BY:  DATE:

**Document Information**

<b>Title:</b>	F.14V04 Student Complaint Form	<b>Version No:</b>	V4.0
<b>Reviewer:</b>	Administration	<b>Date Created:</b>	1 February 2018
<b>Address:</b>	Level 1, 377 Lonsdale Street, Melbourne VIC 3000	<b>Reviewed Date:</b>	28 June 2024



# BARKLY INTERNATIONAL COLLEGE

CRICOS PROVIDER NUMBER 03136D (VIC)

RTO PROVIDER NUMBER 22238

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