

Complaint submission

To be completed by Holmesglen Complaints and Appeals Officer

Case Number			
Date complaint received:		Received by (name):	
Date of acknowledgement:		Forwarded to (name):	
Expected resolution date:		Date of closure:	
Note/further action:			

Process undertaken to consider the Complaint submission

Recommended Decision

Complaint submission Upheld
 Complaint submission Rejected

Reasons for the recommended decision

Recommended penalty imposed and/or any conditions thereon

Investigation Officer

Name	Position/Title
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Signature	Date
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Notification of outcome

Date of written notification of outcome to student:

Other officers to whom a copy of the notification was provided:

<table border="1" style="width: 100%;"> <tr><td><input type="checkbox"/> Executive Director</td><td>(name)</td></tr> <tr><td><input type="checkbox"/> Dean</td><td>(name)</td></tr> <tr><td><input type="checkbox"/> Head of Department</td><td>(name)</td></tr> <tr><td><input type="checkbox"/> Manager/Admin Unit</td><td>(name)</td></tr> </table>	<input type="checkbox"/> Executive Director	(name)	<input type="checkbox"/> Dean	(name)	<input type="checkbox"/> Head of Department	(name)	<input type="checkbox"/> Manager/Admin Unit	(name)	<table border="1" style="width: 100%;"> <tr><td><input type="checkbox"/> Registrar</td></tr> <tr><td><input type="checkbox"/> International Centre</td></tr> <tr><td><input type="checkbox"/> Student Services</td></tr> <tr><td><input type="checkbox"/> Other (specify):</td><td><table border="1" style="width: 100%; height: 20px;"></table></td></tr> </table>	<input type="checkbox"/> Registrar	<input type="checkbox"/> International Centre	<input type="checkbox"/> Student Services	<input type="checkbox"/> Other (specify):	<table border="1" style="width: 100%; height: 20px;"></table>
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