

Complaints & Appeals Form

Purpose

This form is used by students to lodge a formal complaint or appeal regarding any matter they perceive as offensive, unfair, discriminatory, or detrimental to their training experience at The Digital Orthodontic College. It supports compliance with **Outcome Standard 2.7 (Feedback, Complaints and Appeals)**.

Instructions for Students

1. Complete all required fields honestly and accurately.
2. Provide a detailed description of the complaint or appeal and attach relevant evidence.
3. Sign and date the declaration.
4. Submit the form to the Student Support Officer or via:
info@digitalorthodonticcollege.com.
5. You will receive a written acknowledgement within 5 business days, and the matter will be resolved per RTO policy.

Student Details	
Name:	Click or tap here to enter text.
Course:	Click or tap here to enter text.
Reason for or Nature of Complaint	Click or tap here to enter text.
Your Complaints Details <i>Note: Attach any supporting documents with this form as applicable</i>	Click or tap here to enter text.
Student Declaration & Signature	
All the information I have provided in this form is true and accurate. I also understand that this complaint will be dealt with according to The Digital Orthodontic College relevant Codes of Conducts, policies and procedures.	
Sign:	Date: Click or tap to enter a date.

ADMIN use only:

Matter Referred to	<input type="checkbox"/> CEO	<input type="checkbox"/> Course Coordinator
	<input type="checkbox"/> Academic manager	<input type="checkbox"/> Appeals Committee
Comments of the Person Receiving the Form and Suggested Action	Click or tap here to enter text.	Click or tap here to enter text.
Signature		Date: Click or tap to enter a date.