QCD Pre-Professional
QUEENSLAND COLLEGE OF DANCE

COMPLAINT / APPEAL RECORD FORM

Queensland College of Dance | RTO 1476 | CRICOS 01600A | ABN: 80 071 881 582
Submit to: Adrian Burke (RTO Manager) | adrian@qldcollegeofdance.com.au or Amanda (Administration) | admin@qldcollegeofdance.com.au

How to use this form
Complete all relevant sections and submit to the RTO Manager by email, post, or in person. You will receive a written acknowledgement within 2 business days of QCD receiving this form. You may attach additional pages or supporting documents if needed. A support person may assist you in completing this form. Refer to QCD's Complaints, Feedback & Appeals Policy for full details of the process and your rights.

Section 1 — Your Details

Student Name	
Date of Birth	
Program / Course Enrolled In	
Phone Number	
Email Address	
Preferred Contact Method	
Are you under 18?	☐ Yes — parent/guardian completing this form ☐ No
Parent / Guardian Name (if applicable)	
Support Person (if applicable)	

Section 2 — Type of Matter

Type of Complaint/Appeal	☐ General Complaint ☐ Non-Academic Complaint ☐ Assessment Appeal
Stage of Process	☐ Formal Complaint (Stage 2) ☐ Internal Appeal (Stage 3) ☐ Assessment Appeal (Stage 1)

Section 3 — Details of Your Complaint or Appeal

Date the matter occurred or decision was made	
Person(s) or area involved (if applicable)	
Have you attempted informal resolution? (If yes, please describe)	

Description of complaint or appeal (please provide as much detail as possible):

What outcome are you seeking?

Section 4 — Supporting Documents

Are you attaching supporting documents?	☐ Yes ☐ No
List of documents attached (if any)	

Section 5 — Declaration

I declare that the information provided in this form is accurate and complete to the best of my knowledge. I understand that:

- QCD will acknowledge receipt of this form within 2 business days
- my complaint or appeal will be handled confidentially and in accordance with QCD's Complaints, Feedback & Appeals Policy
- I will not be disadvantaged or subject to reprisal for raising this matter in good faith
- I may seek further review through external bodies if I am not satisfied with QCD's internal outcome

Signature	
Date	

FOR OFFICE USE ONLY — Do Not Complete

Field	Details
Date Received	
Reference Number	
Received By	
Acknowledgement Sent (date)	
Assigned To	
Stage 1 Outcome	
Date of Outcome Letter	
Stage 2 / Appeal Outcome (if applicable)	
Date of Appeal Outcome Letter	
External Referral (if applicable)	
Continuous Improvement Action Taken	
File Closed Date	
Records Stored Location	