

## Internal Review Request

### Complainant information

Qualification / Course Code and Name (if student)		Campus
Surname	Given Name/s	Student No (if applicable)
Date of Birth	Email address	Contact Number
/ /		

### Complaint details

Please provide details of the complaint for which you are seeking an internal review
Please provide details of the staff member and country that handled your complaint
What date were you notified of the complaint decision?
/ /

### Internal review request

Please identify the reasons for requesting an internal review
<input type="checkbox"/> The appropriate policy was not adhered to or correct procedures were not followed in considering or handling the matter <input type="checkbox"/> The decision was made without due regard to facts, evidence or circumstance <input type="checkbox"/> The decision involves a penalty which was too harsh, exceeding the nature of the offence <input type="checkbox"/> Other (please specify):
Please provide a brief explanation specifically identifying why the decision was wrong and / or why the service you received was deficient

### Complainant declaration and signature

<input type="checkbox"/> I declare that the information provided in this form is accurate and that I have provided details of the grounds upon which I intend to rely in this appeal. Student signature: _____ Date: _____
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Submit via email to [Helen.Leeson@aptc.edu.au](mailto:Helen.Leeson@aptc.edu.au), or mail to Ms Helen Leeson, Chief Academic Officer, APTC Regional Head Office, PO Box 14319, Suva, Fiji Islands, or deliver to APTC Regional Head Office, Cnr Scott and Edward Streets, Suva, Fiji.