

ADT COMPLAINTS FORM

Student Name: _____

Course: _____ Date Complaint Occurred: _____

Details of Complaints

Student's Signature: _____ Date: _____

Decision

Follow Up Action

Manager Signature: _____ Date: _____

Please scan and email this form to info@adt.nsw.edu.au or mail to

General Manager P.O. Box 319, Horsley Park NSW 2175.

You can expect a response within 48 hours of receiving your correspondence.

ADT APPEALS FORM



Appellant Name:

Phone Number:

Details of Assessment

Date:

Time:

Course:

Persons Involved:

Other Relevant Information:

What, if any, particular response or action do you seek or expect?

By signing you declare the information to be true and accurate in every particular.

Appellant Signature:

Date:

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