



DI-FM215 Appeals Form

Instructions for using the Appeals Form

Introduction: At Delta Institute, we are committed to ensuring fairness and transparency in all decisions affecting our students. This form is designed to facilitate the appeals process for decisions you believe to be incorrect or unfair. By submitting an appeal, you enable us to review the decision thoroughly and consider your concerns. Please read the instructions carefully, complete all sections, and provide any relevant evidence to support your case.

Important Information: Please complete this form if you wish to lodge an appeal regarding a decision made by Delta Institute. Ensure all required sections are completed and attach any relevant evidence to support your appeal.

All appeals are handled confidentially, and records are securely maintained.
If you have any questions about the complaints process or for assistance in completing the form, please contact Delta Institute via course@deltainstitute.edu.au.

SECTION 1 – to be completed by complainant

Full Name:		
Email Address:		
Postal Address:		
Contact Number:		
Preferred Contact Method	<ul style="list-style-type: none">• Email• Telephone	
Details of the appeal:	Date of appeal:	
	Decision being appealed e.g. assessment outcome, enrolment issue:	
	Assessment name (if relevant):	
	Reason for appeal:	<i>(Provide a clear explanation of why you believe the decision is incorrect or unfair. Include any relevant details or circumstances.)</i>
	Other relevant information:	



DI-FM215 Appeals Form

Please list and attach any supporting documents in relation to the appeal e.g. emails, assessment feedback, supporting documents:			
What outcome are you seeking?			
Declaration:	I declare that the information provided in this form is true and accurate to the best of my knowledge.		
Date of submission:		Signature:	
SECTION 2 – to be completed by the General Manager - Institute			
Form Number:			
Student Number:			
Added to C&A Register?	<input type="checkbox"/> Yes Date: <input type="checkbox"/> No		
Forwarded to CEO?	<input type="checkbox"/> Yes Date: <input type="checkbox"/> No		
Has review process closed out?	<input type="checkbox"/> Yes Date: <input type="checkbox"/> No		
If yes, close out on C&A Register?	<input type="checkbox"/> Yes Date: <input type="checkbox"/> No		
Added to CI Register where required?	<input type="checkbox"/> Yes Date: <input type="checkbox"/> No		
Comments:			
Date:		Signature:	