



QIBA Complaints & Appeals Form

Note: Processing time is 20 working days from the date of receipt.

Important Information:

- A Complaints & Appeals form will be provided in accordance with QIBA's Student Complaints and Appeals Policy.
- Read the policy and procedures carefully to establish your eligibility for a Complaint or Appeal.
- Any student requests for appeal must be made officially by completing this form.
- Before your Appeal will be considered, you must complete all the sections below and attach any documents relevant to your application.
- If any contact details (e.g. address or phone number) change during the process, contact the QIBA Administration team immediately to ensure all details are updated for future correspondence.

This form can be used for:

- Appeals against academic assessment;
- Appeals against the notification of intention to cancel e-COE;
- Appeals against the result of an application for special consideration in relation to an individual student;
- Appeals against the application for suspension/deferment/cancellation of enrolment;
- Appeals with regards to finance/fee payments; or
- General Complaints

Checklist:

I have indicated the grounds for appeal and addressed these in my submission.

I have attached copies of all my supporting documentation.

Personal Details			
Date:		Gender:	
Family name:		Date of Birth:	
Given name/s:			
Address:			
Post Code:		State:	
Mobile:		Student ID:	
Email Address:			



QUEENSLAND
INTERNATIONAL
BUSINESS
ACADEMY

Level 2, 108 Margaret Street BRISBANE QLD 4000 t: 07 3186 6449

Level 10, 140 Elizabeth Street SYDNEY NSW 2000 t: 02 9267 3040

Level 1, 15 Moore Street Canberra ACT 2601 t: 02 9267 3040

info@qiba.edu.au www.qiba.edu.au

QIBA Pty Ltd | ABN: 35 071 667 108 | RTO Code: 5304 | CRICOS Provider Code: 01515J

Location:	Brisbane	Sydney	Canberra	Hobart	Gold Coast
Program:	PYP	VET	ELICOS		
Course Name: <i>(if applicable)</i>					

Details of the Complaint

Details of the Appeal

Declaration:

- I declare that the information provided above is accurate and complete.
- I have read and understand the information regarding the QIBA Complaints & Appeals process.

Full Name:

Signature:

(use either field)

Date:



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Office Use Only	
Outcome: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Processed by:	
Comments (if applicable):	
Signature:	Date: