

**This form is for Student Improvement requests, Complaints and Appeals.**

**For Part 66 Examination Appeals – refer to AA EX PRO 07**

**PLEASE PRINT CLEARLY – FILL OUT AS APPLICABLE**

STAGE 1 – Internal Review			
Section 1 – Details (person lodging record to complete)			
<b>Date:</b>		<b>Student ID Number:</b>	
<b>Student Name:</b>			
<b>Company Name:</b>			
<b>Email Address:</b>			
<b>Method:</b>	<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Letter <input type="checkbox"/> Student Portal		
<b>Topic:</b>	<input type="checkbox"/> Staff/Student Conflict <input type="checkbox"/> Administration <input type="checkbox"/> Training Schedule <input type="checkbox"/> Resources/Courseware <input type="checkbox"/> Other		
<b>Details: (Place attach separate piece of paper if more space is required. If it is for courseware please detail the <i>TITLE &amp; DATE</i>)</b>          			

Section 2 – Instructor Meeting			
‘Complaints of a general nature (including issues which involve another student), should be directed initially to an Aviation Australia Staff member’			
<b>I have spoken with my Instructor/AA staff member regarding this issue</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date:</b>		<b>Staff Member Name:</b>	
I am happy with the outcome of this discussion:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student signature:	
Section 3 – Course Supervisor Meeting			
<b>I have spoken with my Course Supervisor regarding this issue</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date:</b>		<b>Staff Member Name:</b>	
I am happy with the outcome of this discussion:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student signature:	

Section 4 – Mediation			
<b>Date:</b>		<b>Location:</b>	
<b>Mediation Meeting Held with:</b>			
<input type="checkbox"/> Instructor	<b>Name:</b>		
<input type="checkbox"/> Course Supervisor	<b>Name:</b>		
<input type="checkbox"/> QAM	<b>Name:</b>		
<input type="checkbox"/> Student Services	<b>Name:</b>		
<input type="checkbox"/> Student	<b>Name:</b>		
<input type="checkbox"/> Other	<b>Name:</b>		
<b>Outcome:</b>			
I am happy with the outcome of this meeting		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Student Signature:</b> 
Entered into electronic QMS		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ID Number:</b> #
Courseware Improvement			
AA QA PRO 06a		<b>Date received:</b>	
Received by:		<b>Date raised:</b>	
Action Raised by:			
Action Number:	#		
<b>Comments:</b>			
<b>Action Taken:</b>			

**NB: This document must be attached to the electronic request**