

## COMPLAINTS AND APPEALS FORM

Personal Details			
<b>Full Name</b>			
<b>Position of Complainant/Appellant</b>			
<b>Email</b>		<b>Contact Number</b>	
<b>Address</b>			
If the complainant is student, please provide the following details			
<b>Student ID</b>			
<b>Course Code and Course Title</b>			
COMPLAINT DETAILS	APPEAL DETAILS		
Date the cause of complaint occurred: ___/___/___	Date to which this appeal refers to: ___/___/___		
<b>Reason for the complaint</b> <input type="checkbox"/> General Operations <input type="checkbox"/> Assessment <input type="checkbox"/> ESOS related complaint	<b>Reason for the appeal</b> <input type="checkbox"/> Assessment outcome <input type="checkbox"/> Any outcome of any application for request <input type="checkbox"/> Any disciplinary action taken against you. <input type="checkbox"/> other (please specify below)		
Have you complained about the issue before? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____		
If yes, please give the date, the complaint was lodged: ___/___/___			
Complaint/Appeal Summary (Please give detailed explanation of complaint/appeal and attach any supporting evidence)			
Complainant/Appellant Declaration			
<input type="checkbox"/> All the information provided in this form is correct and accurate to the best of my knowledge. <input type="checkbox"/> I am happy to attend any meeting with relevant persons required to resolve the issue.			
<b>Signature</b>		<b>Date</b>	

Please submit this form to our office via email or post.

For Office Use Only			
Receiving staff member		Date	
Method of lodgment	<input type="checkbox"/> Email <input type="checkbox"/> In-Person <input type="checkbox"/> Mail <input type="checkbox"/> Phone		
Name and Position of the members empaneled to resolve the issue	<b>Name</b>		<b>Position</b>
Actions proposed by panel			
Implementation of Proposed action by	<input type="checkbox"/> Continuous improvement Request. <input type="checkbox"/> Counselling by the relevant persons. <input type="checkbox"/> Change of any service or member. <input type="checkbox"/> External Counselling agency <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Other (Please specify)		
Outcome	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful		
Method to communicate the outcome with the complainant/appellant	<input type="checkbox"/> Email <input type="checkbox"/> In-Person <input type="checkbox"/> Mail <input type="checkbox"/> Phone		
Response of complainant/appellant	<input type="checkbox"/> Agrees and accepts the decision done by panel (The complainant/appellant signs the acceptance and the record is placed in student's admin file) <input type="checkbox"/> Disagrees and unhappy (Student Support Officer will contact student to help student to access services of Overseas Student Ombudsman)		
<b>Declaration by complainant/Appellant (Please tick before you sign it)</b>			
<input type="checkbox"/> I acknowledge that I have been communicated the outcome of the complaint/appeal lodged by me. <input type="checkbox"/> I agree to the decision made by the panel and happy to accept it. <input type="checkbox"/> I disagree to the decision made by the panel and would like to escalate it to an external body and I have been advised of all the required information in this regard.			
Complainant/Appellant Signature		Date	
Print Name			
Signature of RTO representative		Date	
Print Name		Position	