

COMPLAINTS AND APPEALS

Personal Details

| | | | |
|--|--|-----------------------------------|--|
| Full Name | | Position of Complainant/Appellant | |
| Phone number | | Email | |
| Address | | | |
| If the Complainant is a student, please provide the following details: | | | |
| Student ID | | | |
| Course Name | | | |

Complaint/Appeal details (tick X as required)

| Complaint Details | Appeal Details |
|---|--|
| Date the cause of complaint occurred: / / | Date to which this appeal refers to: / / |
| Reason for the complaint: <input type="checkbox"/> General Operations <input type="checkbox"/> Assessment <input type="checkbox"/> ESOS related complaint | Reason for the appeal: <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? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If Yes, please give the date, the complaint was lodged: Date / / | |

Complaint/Appeal Summary

(Please give a detailed explanation of the complaint/appeal and attach any supporting evidence)

Complainant Declaration

(Please tick before signing)

- ☐ All the information provided in this form is correct and accurate to the best of my knowledge.
- ☐ I am happy to attend a meeting(s) with relevant persons required to resolve the issue.

| | | | |
|-----------|--|------|----------|
| Signature | | Date | / / |
|-----------|--|------|----------|

COMPLAINTS AND APPEALS

For Office Use Only

| | | | | |
|---|--|--------------|---|---|
| Complaint/Appeal receiving staff member | | Date: | / | / |
| Method of lodgement | <input type="checkbox"/> Email <input type="checkbox"/> In person <input type="checkbox"/> Mail <input type="checkbox"/> Phone | | | |
| Assigned to | | | | |
| Actions proposed by panel | | | | |
| Implementation of proposed action | <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"/> Other (Please specify) _____ | | | |
| Review outcome | <input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful | | | |
| Method to communicate the outcome with the Complainant/Appellant and date | - Appeal was successful - 'Appeal successful' email sent OR Appeal was unsuccessful - 'Appeal unsuccessful' email sent - Appeal entry recorded on the register Staff: _____ Date: _____ / ____ / ____ | | | |
| Response of Complainant/Appellant | <input type="checkbox"/> Agrees and accepts the decision done by the panel (The student signs the acceptance and the record is placed in the student's admin file) <input type="checkbox"/> Disagrees and is unhappy (Student Support Officer will contact the student to help the student access the services of Overseas Student Ombudsman) | | | |
| Declaration by complainant/Appellant | | | | |
| (Please tick before you sign): <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. | | | | |
| Signature | | Date | / | / |