



Complaints and Appeals Form

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: / / Reason for the complaint: <input type="checkbox"/> General Operations <input type="checkbox"/> Assessment ESOS <input type="checkbox"/> related complaint 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 / / | Date to which this appeal refers to: / / Reason for the appeal: <input type="checkbox"/> Assessment outcome Any outcome of any <input type="checkbox"/> application for request Any disciplinary <input type="checkbox"/> action taken against you Other (please <input type="checkbox"/> specify below) |

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.

| | | | |
|--------------------|--|-------|-----|
| Student Signature: | | Date: | / / |
|--------------------|--|-------|-----|



Complaints and Appeals Form

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 Other <input type="checkbox"/> (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. | | | |

| | | | |
|---------------------------|--|--------------|-----|
| Student Signature: | | Date: | / / |
|---------------------------|--|--------------|-----|