



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: / /	Date to which this appeal refers to: / /
Reason for the complaint: <input type="checkbox"/> General Operations <input type="checkbox"/> Assessment ESOS <input type="checkbox"/> related complaint	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)
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)	
<input type="checkbox"/> All the information provided in this form is correct and accurate to the best of my knowledge. I <input type="checkbox"/> am happy to attend a meeting(s) with relevant persons required to resolve the issue.	

Student Signature:		Date:	/ /
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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:	/ /
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