

Complaints and Appeals Form

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

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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
Name of members in panel for resolving the issue	<div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px;"></div>
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"/> Other (Please specify)
Outcome	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful
Method to communicate the outcome with the complainant/appellant and date	<ul style="list-style-type: none"> If Appeal was successful - then 'Appeal successful' email is sent. If Appeal was unsuccessful - then 'Appeal unsuccessful' email is sent Appeal entry recorded on register <p style="margin-left: 40px;">Staff: _____ Date: _____</p>
Response of complainant/appellant	<input type="checkbox"/> Agrees and accepts the decision done by panel (The student 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)
Declaration by complainant/Appellant	
<p>(Please tick before you sign):</p> <p> <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. </p> <p>Signature: _____ Date: _____</p> <p>Print Name: _____</p> <p>Signature of PAX representative: _____ Date: _____</p> <p>Print Name: _____</p>	