

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>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>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 EVIDENCE)	
DECLARATION	

COMPLAINTS AND APPEALS FORM

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

Signature: _____

Date: _____

OFFICE USE ONLY:

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	
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 student signs the acceptance and the record is placed in student's admin file) <input type="checkbox"/> Disagrees and unhappy (SIA will contact student to help student to access services of External Bodies or referred to an independent mediator)
Declaration by complainant/Appellant (Please tick before you sign it): <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: _____	
Print Name: _____	
Signature of SIA's representative: _____ Date: _____	

COMPLAINTS AND APPEALS FORM

Print Name: _____