



## Feedback, Complaints and Appeals Form

<b>Personal Details:</b>	
Full Name:	
Position of Complainant/Appellant:	
USI no:	
Phone No:	
Email:	
Address:	
<b>If the complainant is a student, please provide the following details</b>	
Student ID:	
Course Name:	
Date:	
<b>Type of Submission</b> Please indicate the type of submission:  <input type="checkbox"/> Feedback <input type="checkbox"/> Complaint <input type="checkbox"/> Appeal	
<b>Feedback/Complaint/Appeal details</b>	
<b>Feedback / Complaint Details</b>  Date the issue occurred: _____  Reason for submission (tick all applicable): <input type="checkbox"/> General Operations <input type="checkbox"/> Assessment <input type="checkbox"/> ESOS related complaint <input type="checkbox"/> Discipline/misconduct <input type="checkbox"/> Outcome of application/request <input type="checkbox"/> Other, please specify <input type="checkbox"/>  Have you complained about the issue before? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please give the date, the complaint was lodged:	<b>Appeals Details</b>  Date to which this appeal refers to: _____  Reason for the appeal: <input type="checkbox"/> Assessment outcome  <input type="checkbox"/> Discipline/misconduct  <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)



**Summary of Feedback / Complaint / Appeal**

(Please give detailed explanation and attach any supporting evidence)  
 (Provide an explanation on how you believe this complaint can be resolved)

**Declaration**

- I declare that all the information provided in this form is correct and accurate to the best of my knowledge.
- I am willing to participate in meetings or discussions to help resolve this matter.
- I understand that if I am dissatisfied with the decision after the internal appeal; outcome I can seek assistance from external complaints handling body i.e., Overseas Student Ombudsman (OSO) [www.ombudsman.gov.au](http://www.ombudsman.gov.au) which is free of cost.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Office use: (\*marked items to be filled up by staff or compliant handling party)**

<b>*Receiving staff member:</b>	
<b>*Date Received:</b>	
<b>*Method of lodgement</b>	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> In-person
<b>*Name(s) of Staff Reviewing the Case:</b>	
<b>*Actions proposed by the panel/ determined resolution</b>	
<b>*Implementation of Proposed action by:</b>	<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)



Date of Resolution	Xx/xx/xxxx
*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"/> Mail
*Response of complainant/appellant	<input type="checkbox"/> Agrees and accepts the decision made by the panel (The student signs the acceptance, and the record is placed in student's admin file)  <input type="checkbox"/> Disagrees and unhappy (PII will contact the student to help him/her to access services of Overseas Student Ombudsman)
Declaration by complainant/Appellant (Please read and tick before signing it):	
<input type="checkbox"/> I acknowledge that the outcome of the feedback/complaint/appeal lodged by me have been informed to me.	
<input type="checkbox"/> I agree with the decision made by the panel, and I am happy to accept it.	
OR	
<input type="checkbox"/> I disagree with 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: _____	
PII's representative	
Name: _____	
Signature: _____	
Date: _____	