



## Complaints and Appeals Form

Personal Details			
<b>Full Name:</b>			
<b>Position of Complainant/Appellant:</b>			
<b>USI no:</b>		<b>Phone No:</b>	
<b>Email:</b>			
<b>Address:</b>			
If the complainant is a student, please provide the following details			
<b>Student ID:</b>			
<b>Course Name:</b>			
<b>Date:</b>			
Complaint/Appeal details			
<b>Complaint Details</b>  Date the cause of complaint occurred: <hr style="width: 25%; margin-left: 0;"/> <b>Reason for the complaint:</b>  <div style="margin-left: 20px;"> <input type="radio"/> General Operations  <input type="radio"/> Assessment outcome  <input type="radio"/> ESOS related complaint  <input type="radio"/> Other, please specify         </div>  <b>Have you complained about the issue before?</b> <div style="margin-left: 20px;"> <input type="radio"/> Yes  <input type="radio"/> No         </div> If yes, please give the date, the complaint was lodged: <hr style="width: 25%; margin-left: 0;"/>		<b>Appeals Details</b>  Date to which this appeal refers to: <hr style="width: 25%; margin-left: 0;"/> <b>Reason for the appeal:</b>  <div style="margin-left: 20px;"> <input type="radio"/> Assessment outcome  <input type="radio"/> Discipline/misconduct  <input type="radio"/> Any outcome of any application for request  <input type="radio"/> Any disciplinary action taken against you.  <input type="radio"/> Other, please specify below         </div>	



**Complaint/Appeal Summary**  
 (Please give detailed explanation of the complaint/appeal and attach any supporting evidence)  
 (Provide explanation on how you believe this complaint can be resolved)

**Declaration**

- ☐ 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 people required to resolve the issue.
- ☐ I understand that if I am dissatisfied with the decision, I can seek assistance through external appeal i.e. Commonwealth Ombudsman 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:</b>	
<b>*Method of lodgment</b>	<input type="checkbox"/> Email <input type="checkbox"/> Mail
<b>*Name of the panelled members to resolve the issue</b>	
<b>*Actions proposed by the panel/ determined resolution</b>	
<b>*Implementation of Proposed action by:</b>	<input type="radio"/> Continuous improvement Request. <input type="radio"/> Counselling by the relevant persons. <input type="radio"/> Change of any service or member. <input type="radio"/> External Counselling agency <input type="radio"/> Referred to: <input type="radio"/> Other (Please specify)



<b>*Date of Resolution</b>	/ /
<b>*Outcome</b>	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful
<b>*Method to communicate the outcome with the complainant/appellant</b>	<input type="checkbox"/> Email <input type="checkbox"/> Mail
<b>*Response of complainant/appellant</b>	<input type="radio"/> 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="radio"/> Disagrees and unhappy (Student has been advised of the right accessing external complaints handling body-Commonwealth Ombudsman along with contact details of the same)
<b>Declaration by complainant/Appellant (Please read and tick before signing it):</b>  <input type="radio"/> I acknowledge that the outcome of the complaint/appeal lodged by me have been informed to me. <input type="radio"/> I agree with the decision made by the panel, and I am happy to accept it. OR <input type="radio"/> I disagree with the decision made by the panel and would like to escalate it to an external complaint handling body, and I have been advised of all the required information in this regard.  Signature: _____ Date: _____  <b>Greenhill Institute Pty Ltd representative</b>  Name: _____ Signature: _____ Date: _____	