Greenhill Institute Pty Ltd t/a Greenhill Institute
RTO NO. 45872 **I CRICOS NO.:** 04029K
Suite 2 - 17 David St Brunswick Vic 3056
Ph:1300136859 | **W:** greenhillinstitute.vic.edu.au
E: info@greenhillinstitute.vic.edu.au
ABN: 36650308875

FEEDBACK, COMPLAINTS AND APPEALS FORM

Personal Details			
Full Name:			
Position of Complainant/Appellant:			
USI no:		**Phone No:**	
Email:			
Address:			
If the complainant is a student, please provide the following details			
Student ID:			
Course Name:			
Date:			

Type of Submission
Please indicate the type of submission:

☐ Feedback ☐ Complaint ☐ Appeal

Feedback/Complaint/Appeal details

Feedback / Complaint Details

Date the issue occurred**:**

_____

Reason for the submission (tick all applicable):

- ○ General Operations
- ○ Assessment outcome
- ○ ESOS related complaint
- ○ Discipline/misconduct
- ○ Outcome of application/request
- ○ Other, please specify

_____

Have you complained about the issue before?

- ○ Yes
- ○ No
- ○

If yes, please give the date, the complaint was lodged:

_____

Appeals Details

Date to which this appeal refers to:

_____

Reason for the appeal:

- ○ Assessment outcome
- ○ Discipline/misconduct
- ○ Any outcome of any application for request
- ○ Any disciplinary action taken against you.
- ○ Other, please

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Summary of Feedback / Complaint / Appeal **(Please give detailed explanation and attach any supporting evidence)** **(Provide 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 happy to attend any meeting with relevant people required to resolve the issue.
- ○ I understand that if I am dissatisfied with the decision after the internal appeal outcome, I can seek assistance through external complaints handling body i.e. Commonwealth Ombudsman https://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)**	
***Receiving staff member:**	
***Date Received:**	
***Method of lodgment**	☐ Email ☐ Mail ☐ In-person
***Name(s) of the panelled members to resolve the issue**	
***Actions proposed by the panel/ determined resolution**	

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***Implementation of Proposed action by:**	○ Continuous improvement Request. ○ Counselling by the relevant persons. ○ Change of any service or member. ○ External Counselling agency ○ Referred to: ○ Other (Please specify)
***Date of Resolution**	/ /
***Outcome**	☐ Successful ☐ Unsuccessful
***Method to communicate the outcome with the complainant/appellant**	☐ Email ☐ Mail
***Response of complainant/appellant**	○ Agrees and accepts the decision made by the panel (The student signs the acceptance, and the record is placed in student's admin file) ○ Disagrees and unhappy (Student has been advised of the right accessing external complaints handling body-Commonwealth Ombudsman along with contact details of the same)

Declaration by Complainant/Appellant (Please read and tick before signing it):

○ I acknowledge that the outcome of the feedback/complaint/appeal lodged by me have been informed to me.

○ I agree with the decision made by the panel, and I am happy to accept it.

OR

○ 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: _____

Greenhill Institute Pty Ltd representative

Name: _____

Signature: _____Date: _____