

## 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

Complaint Details	Appeal details
Date the cause of complaint occurred: _____ <b>Reason for the complaint:</b> <input type="checkbox"/> General Operations <input type="checkbox"/> Assessment <input type="checkbox"/> ESOS related complaint  <b>Have you complained about the issue before?</b> <input type="checkbox"/> yes <input type="checkbox"/> No If yes, please give the date, the complaint was lodged: _____	Date to which this appeal refers to: _____ <b>Reason for the appeal:</b> <input type="checkbox"/> Assessment outcome <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)

### COMPLAINT/APPEAL SUMMARY (PLEASE GIVE DETAILED EXPLANATION OF COMPLAINT/APPEAL AND ATTACH ANY SUPPORTING EVIDENCE )

### 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 persons required to resolve the issue.

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

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OFFICE USE ONLY:	
<b>Receiving staff member:</b>	
<b>Date:</b>	
<b>Method of lodgement</b>	<input type="checkbox"/> Email <input type="checkbox"/> in person <input type="checkbox"/> mail <input type="checkbox"/> Phone
<b>Name of members in panel for resolving the issue</b>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>
<b>Actions proposed by panel</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)
<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"/> in person <input type="checkbox"/> mail <input type="checkbox"/> Phone
<b>Response of complainant/appellant</b>	<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 (ETI will contact student to help student to access services of External Bodies or referred to an independent mediator)
<b>Declaration by complainant/Appellant (Please tick before you sign it):</b> <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 ETI's representative: _____ Date: _____	
Print Name: _____	