# 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

Date the cause of complaint occurred: ____________

**Reason for the complaint:**
- □ General Operations
- □ Assessment
- □ ESOS related complaint

**Have you complained about the issue before?**
- □ yes  □ No
  If yes, please give the date, the complaint was lodged:  

### Appeal Details

Date to which this appeal refers to: ____________

**Reason for the appeal:**
- □ Assessment outcome
- □ Any outcome of any application for request
- □ Any disciplinary action taken against you.
- □ other (please specify below)

## Complaint/Appeal Summary

(Please give detailed explanation of complaint/appeal and attach any supporting evidence)

## Declaration

(Please tick before you sign)
- □ 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:
## Complaints and Appeals Form

**Office Use Only**

| Complaint/Appeal Receiving staff member: |  |
| Date: |  |

**Method of lodgement**

- [ ] Email
- [ ] in person
- [ ] mail
- [ ] Phone

**Name of members in panel for resolving the issue**

|  |
|  |

**Actions proposed by panel**

- [ ] Continuous improvement Request.
- [ ] Counselling by the relevant persons.
- [ ] Change of any service or member.
- [ ] External Counselling agency
- [ ] Other (Please specify)

**Implementation of Proposed action by:**

- [ ] Continuous improvement Request.
- [ ] Counselling by the relevant persons.
- [ ] Change of any service or member.
- [ ] External Counselling agency
- [ ] Other (Please specify)

**Outcome**

- [ ] Successful
- [ ] Unsuccessful

**Method to communicate the outcome with the complainant/appellant and date**

- [ ] Email
- [ ] in person
- [ ] mail
- [ ] Phone

Date: ____________________

**Response of complainant/appellant**

- [ ] Agrees and accepts the decision done by panel (The student signs the acceptance and the record is placed in student’s admin file)
- [ ] Disagrees and unhappy (Student Support Officer will contact student to help student to access services of Overseas Student Ombudsman)

**Declaration by complainant/Appellant**

(Please tick before you sign):

- [ ] I acknowledge that I have been communicated the outcome of the complaint/appeal lodged by me.
- [ ] I agree to the decision made by the panel and happy to accept it.
- [ ] 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 PAX representative: ____________________________ Date: ________________

Print Name: ____________________________________________