

AFS05 Student Complaints and Appeals Form

PERSONAL DETAILS				
ng details				
Complaint/Appeal details				
Appeal Details				
Date to which this appeal refers to: Reason for the appeal:				
 □ Assessment outcome □ Any outcome of any application for request □ ITR (Non-payment) □ ITR (Poor course progress) □ 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)				
\square All the information provided in this form is correct and accurate to the best of my knowledge.				
\Box I am happy to attend any meeting with relevant persons required to resolve the issue.				
Signature:	Date:			
Office Use Only				
Complaint/Appeal Receiving Staff member:				
Date:				
Name of members in panel for resolving the issue				
Actions proposed:				



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) 	
Method to communicate the outcome with the complainant/appellant and date	 ☐ If Appeal was successful - then 'Appeal successful' email is sent. ☐ If Appeal was unsuccessful - then 'Appeal unsuccessful' email is sent. ☐ Appeal entry recorded on register Staff:	
	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)	
Outcome	Successful Unsuccessful	
	Reason/s for the Outcome:	
	ALLIED INSTITUTE representative:	
	Signature: Date:	
	Dutc.	



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 ALLIED INSTITUTE representative:	Date:		
Print Name:			