

AFS05 Student Complaints and Appeals Form

PERSONAL DETAILS	
Full Name:	
Position of Complainant/Appellant:	
Phone No:	
Email:	
<i>If the complainant is student, please provide the following details</i>	
Student ID:	
Course Name:	
Complaint/Appeal details	
<p style="text-align: center;">Complaint Details</p> <p>Date the cause of complaint occurred:</p> <p>Reason for the complaint:</p> <p><input type="checkbox"/> General Operations</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> ESOS related complaint</p> <p>Have you complained about the issue before?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> No</p> <p>If yes, please give the date, the complaint was lodged.</p>	<p style="text-align: center;">Appeal Details</p> <p>Date to which this appeal refers to:</p> <p>Reason for the appeal:</p> <p><input type="checkbox"/> Assessment outcome</p> <p><input type="checkbox"/> Any outcome of any application for request</p> <p><input type="checkbox"/> ITR (Non-payment)</p> <p><input type="checkbox"/> ITR (Poor course progress)</p> <p><input type="checkbox"/> Any disciplinary action taken against you. other (please specify below)</p>
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:

Office Use Only

Complaint/Appeal Receiving Staff member:	
Date:	
Name of members in panel for resolving the issue	
Actions proposed:	

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: _____