



AUSTRALIAN STUDY LINK INSTITUTE

Level 2, 123 Lonsdale St
Melbourne, VIC 3000, Australia
Phone: +61 3 9639 9951 | Website: www.asli.vic.edu.au

CRICOS No: 03483G | RTO No : 40794

Complaints and Appeals Form-Short course

Personal Details	
Full Name:	
Position of Complainant/Appellant:	
Phone No:	
Email:	
Address:	
If the complainant is a student, please provide the following details	
Short course name:	
Date:	
Complaint/Appeal details	
Complaint Details	Appeals Details
Date the cause of complaint occurred:	Date to which this appeal refers to:
Reason for the complaint:	Reason for the appeal:
<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>	
Complaint/Appeal Summary (Provide explanation on how you believe this complaint can be resolved)	
(Please give detailed explanation of the complaint/appeal and attach any supporting evidence)	
Declaration	
<input type="checkbox"/> All the information provided in this form is correct and accurate to the best of my knowledge. <input type="checkbox"/> I am happy to attend any meeting with relevant persons required to resolve the issue. <input type="checkbox"/> I understand that if I am dissatisfied with the decision, I can seek assistance through external appeal.	
Signature:	
Date:	



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*Office use: (*marked items to be filled up by staff or compliant handling party)	
*Receiving staff member:	
*Date:	
*Method of lodgment	<input type="checkbox"/> Email <input type="checkbox"/> Mail
*Name of the members to resolve the issue	
*Actions proposed:	
*Implementation of Proposed action by:	<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)
*Date of Resolution	/ /
*Outcome	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful
*Method of communication	<input type="checkbox"/> Email <input type="checkbox"/> Mail
*Response of complainant/appellant	<input type="checkbox"/> Agrees and accepts the decision made by the panel (The student signs the acceptance, and a record is maintained.) <input type="checkbox"/> Disagrees and unhappy (Student has been advised of the right accessing external complaints handling body)
Declaration by complainant/Appellant (Please read and tick before signing it):	
<input type="checkbox"/> I acknowledge that the outcome of the complaint/appeal lodged by me have been informed to me. <input type="checkbox"/> I agree with the decision made by the panel, and I am happy to accept it. OR <input type="checkbox"/> 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:	
Australian Study Link Institute's representative	
Name:	
Signature:	
Date:	