



Feedback, Complaints and Appeals Form

Personal Details:	
Full Name:	
Position of Complainant/Appellant:	
USI no:	
Phone No:	
Email:	
Address:	
If the complainant is a student, please provide the following details	
Student ID:	
Course Name:	
Date:	
Type of Submission Please indicate the type of submission: <input type="checkbox"/> Feedback <input type="checkbox"/> Complaint <input type="checkbox"/> Appeal	
Feedback/Complaint/Appeal details	
Feedback / Complaint Details Date the issue occurred: _____ Reason for submission (tick all applicable): <input type="checkbox"/> General Operations <input type="checkbox"/> Assessment <input type="checkbox"/> ESOS related complaint <input type="checkbox"/> Discipline/misconduct <input type="checkbox"/> Outcome of application/request <input type="checkbox"/> Other, please specify Have you complained about the issue before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Appeals Details Date to which this appeal refers to: _____ Reason for the appeal: <input type="checkbox"/> Assessment outcome <input type="checkbox"/> Discipline/misconduct <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)



If yes, please give the date, the complaint was lodged:	
Summary of Feedback / Complaint / Appeal (Please give detailed explanation and attach any supporting evidence) (Provide an explanation on how you believe this complaint can be resolved)	
Declaration	
<input type="checkbox"/> I declare that all the information provided in this form is correct and accurate to the best of my knowledge. <input type="checkbox"/> I am willing to participate in meetings or discussions to help resolve this matter. <input type="checkbox"/> I understand that if I am dissatisfied with the decision after the internal appeal outcome I can seek assistance from external complaints handling body i.e., Overseas Student Ombudsman (OSO) www.ombudsman.gov.au which is free of cost. Signature: _____ Date: _____	
*Office use: (*marked items to be filled up by staff or compliant handling party)	
*Receiving staff member:	
*Date Received:	
*Method of lodgment	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> In-person
*Name(s) of Staff Reviewing the Case:	
*Actions proposed by the panel/ determined resolution	



*Implementation of Proposed action by:	<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)
Date of Resolution	Xx/xx/xxxx
*Outcome	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful
*Method to communicate the outcome with the complainant/appellant	<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 the record is placed in student's admin file) <input type="checkbox"/> Disagrees and unhappy (ASLI will contact the student to help him/her to access services of Overseas Student Ombudsman)

Declaration by complainant/Appellant (Please read and tick before signing it):

- I acknowledge that the outcome of the feedback/complaint/appeal lodged by me have been informed to me.
- I agree with the decision made by the panel, and I am happy to accept it.

OR

- I disagree with 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: _____

ASLI's representative

Name: _____

Signature: _____

Date: _____