



Feedback, Complaints and Appeal 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:

☐ Feedback ☐ Complaint ☐ Appeal

Feedback/Complaint/Appeal details

Feedback / Complaint Details

Date the issue occurred: _____

Reason for submission (tick all applicable):

- ☐ General Operations
- ☐ Assessment
- ☐ ESOS related complaint
- ☐ Discipline/misconduct
- ☐ Outcome of application/request
- ☐ Other, please specify

Have you complained about the issue before?

- ☐ Yes
- ☐ No

If yes, please give the date, the complaint was lodged:

Appeals Details

Date to which this appeal refers to:

Reason for the appeal:

- ☐ Assessment outcome
- ☐ Discipline/misconduct
- ☐ Any outcome of any application for request
- ☐ Any disciplinary action taken against you.
- ☐ Other (please specify below)



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

- ☐ I declare that all the information provided in this form is correct and accurate to the best of my knowledge.
- ☐ I am willing to participate in meetings or discussions to help resolve this matter.
- ☐ 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 complaint handling party)

*Receiving staff member:

*Date Received:

*Method of lodgment

☐ Email ☐ Mail ☐ In-person

*Name(s) of Staff Reviewing the Case:

*Actions proposed by the panel/
determined resolution



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*Implementation of Proposed action by:	☐ Continuous improvement Request. ☐ Counselling by the relevant persons. ☐ Change of any service or member. ☐ External Counselling agency ☐ Referred to: ☐ Other (Please specify)
Date of Resolution	
*Outcome	☐ Successful ☐ Unsuccessful
*Method to communicate the outcome with the complainant/appellant	☐ Email ☐ Mail
*Response of complainant/appellant	☐ Agrees and accepts the decision made by the panel (The student signs the acceptance, and the record is placed in student's admin file) ☐ 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 Staff Name: _____ Signature: _____ Date: _____	