



Complaints and Appeals Form

Personal Details (Optional)			
Full Name:			
Position of Complainant/Appellant:			
Phone No:		Email Id:	
Address:			
If the complainant is a student, please provide the following details (Optional)			
Student ID:			
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: <input type="checkbox"/> General Operations <input type="checkbox"/> Assessment outcome <input type="checkbox"/> ESOS related complaint <input type="checkbox"/> Other, please specify		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	
Have you complained about the issue before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give the date, the complaint was lodged: _____			
Complaint/Appeal Summary			
(Please give detailed explanation of the complaint/appeal and attach any supporting evidence)			
(Provide explanation on how you believe this complaint can be resolved)			



Empty box for text input.

Declaration

- 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.
- I understand that if I am dissatisfied with the decision, I can seek assistance through external appeal i.e. Commonwealth Ombudsman 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:	
*Method of lodgment	<input type="checkbox"/> Email <input type="checkbox"/> Mail
*Name of the members empaneled to resolve the issue	
*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

<p>*Method to communicate the outcome with the complainant/appellant</p>	<p><input type="checkbox"/> Email <input type="checkbox"/> Mail</p>
<p>*Response of complainant/appellant</p>	<p><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)</p> <p><input type="checkbox"/> Disagrees and unhappy (Student has been advised of the right accessing external complaints handling body-Commonwealth Ombudsman along with contact details of the same)</p>
<p>Declaration by complainant/Appellant (Please read and tick before signing it):</p> <p><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.</p> <p>OR</p> <p><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.</p> <p>Signature: _____</p> <p>Date: _____</p> <p>CMI's representative</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	