



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 Date the cause of complaint occurred: _____ 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 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: _____		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	
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)			



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. Overseas Student Ombudsman (OSO) 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
*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 (Student has been advised of the right accessing external complaints handling body-Overseas Student Ombudsman along with contact details of the same)
<p>Declaration by complainant/Appellant (Please read and tick before signing it):</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. 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: _____	
<p>ASOC's representative</p> Name: _____ Signature: _____ Date: _____	