## M.S Aviation Pty Ltd T/A Australian School of Commerce RTO NO. 41089 | CRICOS NO.: 03489A

Melbourne Campus: Level 4, 123-129 Lonsdale Street Melbourne, Victoria 3000 Australia

Hobart Campus: Level 4, 18 Elizabeth Street, Hobart Tasmania 7000 Australia

Ph: 1300 781 194 I E: Info@asoc.edu.au I W: www.asoc.edu.au

ABN: 87 160 483 447



## 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:	
<b>Type of Submission</b> Please indicate the type of submission:	
☐ Feedback ☐ Complaint ☐ Appeal	
Feedback/Complaint/Appeal details	
Feedback / Complaint Details	Appeals Details
Date the issue occurred:	Date to which this appeal refers to:
Reason for submission (tick all applicable):  General Operations Assessment ESOS related complaint Discipline/misconduct Outcome of application/request Other, please specify	Reason for the appeal:
Have you complained about the issue before?  Yes No  If yes, please give the date, the complaint was lodged:	

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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		
O I declare that all the information provided in this form is correct of I am happy to attend any meeting with relevant people required I understand that if I am dissatisfied with the decision after external appeal i.e. Commonwealth Ombudsman <a href="http://www.signature:">http://www.signature:</a> Date:	red to resolve the issue.  ter the internal appeal outcome, I can seek assistance through	
*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 the panelled members to resolve the issue		
*Actions proposed by the panel/determined resolution:		
*Implementation of proposed action by:	<ul> <li>Continuous Improvement Request</li> <li>Counselling by the relevant persons</li> <li>Change of any service or member</li> <li>External Counselling agency</li> <li>Referred to:</li> <li>Other (Please specify)</li> </ul>	

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*Date of Resolution:	/ /
*Outcome:	O Successful O Unsuccessful
*Method to communicate the outcome with the complainant/appellant:	O Email O Mail
*Response of complainant/appellant:	<ul> <li>Agrees and accepts the decision made by the panel (The student signs the acceptance, and the record is placed in student's admin file)</li> <li>Disagrees and unhappy (Student has been advised of the</li> </ul>
	right accessing external complaints handling body-Commonwealth Ombudsman along with contact details of the same)
Declaration by complainant/appellant (Please read and tick	before signing it):
<ul> <li>I acknowledge that the outcome of the feedback/complaint/</li> <li>I agree with the decision made by the panel, and I am happy</li> <li>OR</li> </ul>	to accept it.
<ul> <li>I disagree with the decision made by the panel and would lil have been advised of all the required information in this reg</li> </ul>	
Signature: Date:	
Australian School of Commerce representative:	
Name: Signature:	Date: