

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:			
Complaint/Appeal details			
<p><b>Complaint Details</b></p> <p>Date the cause of complaint occurred: _____</p> <p><b>Reason for the complaint:</b></p> <p><input type="checkbox"/> General Operations</p> <p><input type="checkbox"/> Assessment outcome</p> <p><input type="checkbox"/> ESOS related complaint</p> <p><input type="checkbox"/> Other, please specify</p> <p><b>Have you complained about the issue before?</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, please give the date, the complaint was lodged: _____</p>		<p><b>Appeals Details</b></p> <p>Date to which this appeal refers to: _____</p> <p><b>Reason for the appeal:</b></p> <p><input type="checkbox"/> Assessment outcome</p> <p><input type="checkbox"/> Discipline/misconduct</p> <p><input type="checkbox"/> Any outcome of any application for request</p> <p><input type="checkbox"/> Any disciplinary action taken against you.</p> <p><input type="checkbox"/> Other, please specify below</p>	

**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., Commonwealth ombudsman which is free of cost.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*Office use: (\*marked items to be filled up by staff or compliant handling party)**

<b>*Receiving staff member:</b>					
<b>*Date:</b>					
<b>*Method of lodgment</b>	<input type="checkbox"/> Email <input type="checkbox"/> Mail				
<b>*Name of the panelled members to resolve the issue</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>				
<b>*Actions proposed by the panel/ determined resolution</b>					
<b>*Implementation of Proposed action by:</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Continuous improvement Request.</li> <li><input type="checkbox"/> Counselling by the relevant persons.</li> <li><input type="checkbox"/> Change of any service or member.</li> <li><input type="checkbox"/> External Counselling agency</li> <li><input type="checkbox"/> Referred to:</li> <li><input type="checkbox"/> Other (Please specify)</li> </ul>				

<b>*Date of Resolution</b>	/ /
<b>*Outcome</b>	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful
<b>*Method to communicate the outcome with the complainant</b>	<input type="checkbox"/> Email <input type="checkbox"/> Mail
<b>*Response of complainant</b>	<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- Commonwealth ombudsman along with contact details of the same)
<p><b>Declaration by complainant/Appellant (Please read and tick before signing it):</b></p> <p><input type="checkbox"/> I acknowledge that the outcome of the complaint/appeal lodged by me have been informed to me.</p> <p><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: _____ Date: _____</p> <p><b>Australian Institute of Entrepreneurship's representative:</b></p> <p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	