

# COMPLAINTS

AND APPEALS

FORM



## Personal Details

Full Name		Position of Complainant/Appellant	
Phone number		Email	
Address			
If the complainant is student, please provide the following details			
Student ID			
Course Name			

## Complaint/Appeal details (tick X as required)

Complaint Details	Appeal Details
Date the cause of complaint occurred: / /	Date to which this appeal refers to: / /
<b>Reason for the complaint:</b> <input type="checkbox"/> General Operations <input type="checkbox"/> Assessment <input type="checkbox"/> ESOS related complaint	<b>Reason for the appeal:</b> <input type="checkbox"/> Assessment outcome <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) _____ _____ _____
<b>Have you complained about the issue before?</b> <input type="checkbox"/> yes <input type="checkbox"/> No	
If yes, please give the date, the complaint was lodged: <b>Date</b> / /	

### Complaint/Appeal Summary

(Please give detailed explanation of the complaint/appeal and attach any supporting evidences)

### Complainant Declaration

(Please tick before you sign)

- 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.

Signature		Date	/ /
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INSTITUTE OF BUSINESS & LANGUAGE

## For Office Use Only

<b>Complaint/Appeal Receiving staff member</b>		<b>Date:</b>	/ /
<b>Method of lodgement</b>	<input type="checkbox"/> Email <input type="checkbox"/> In person <input type="checkbox"/> Mail <input type="checkbox"/> Phone		
<b>Name of members in panel for resolving the issue</b>			
<b>Actions proposed by panel</b>			
<b>Implementation of Proposed action by</b>	<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"/> Other (Please specify) _____		
<b>Outcome</b>	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful		
<b>Method to communicate the outcome with the complainant/appellant and date</b>	- If Appeal was successful - then 'Appeal successful' email is sent. - If Appeal was unsuccessful - then 'Appeal unsuccessful' email is sent - Appeal entry recorded on register Staff: _____ Date: / /		
<b>Response of complainant/appellant</b>	<input type="checkbox"/> Agrees and accepts the decision done by panel (The student signs the acceptance and the record is placed in student's admin file) <input type="checkbox"/> Disagrees and unhappy (Student Support Officer will contact student to help student to access services of Overseas Student Ombudsman)		
<b>Declaration by complainant/Appellant</b>			
(Please tick before you sign):			
<input type="checkbox"/> I acknowledge that I have been communicated the outcome of the complaint/appeal lodged by me.			
<input type="checkbox"/> I agree to the decision made by the panel and happy to accept it.			
<input type="checkbox"/> I disagree to 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.			
<b>Signature</b>		<b>Date</b>	/ /
<b>Print Name</b>			
<b>Signature of Albright Institute</b>		<b>Date</b>	/ /
<b>Print Name</b>			