

STUDENT COMPLAINT FORM

Student name			Given Names			
Course			Student Number			
Type of Complaint	☐ Academic	☐ Other	_			
Description of the complaint						
Date event occurred						
Names of any other people involved (including Staff)						
Names of witnesses (if relevant)						
Action requested		☐ Feedback only ☐ Internal Investigation				
If Internal Investigation requested		☐ I wish to participate ☐ I wish to nominate a support person to be present with me at meetings ☐ I do not wish to participate				
Associated documents attached (eg. warning letters, medical certificates)		☐ Yes ☐ No				
Student Visa holders who wish to lodge an external appeal or complain about this decision, can contact the Overseas Students Ombudsman. The Overseas Students Ombudsman offers a free and independent service for overseas students who have a complaint or want to lodge an external appeal about a decision made by their private education or training provider. See the Overseas Students Ombudsman website www.oso.gov.au or phone 1300 362 072 for more information.						
I accept the terms and and the student handl		ed to complaints and appeals, as explained to me by my tutor		Yes		
Signature			Date			

Student Complaint Form

Office Use Only Complaint Number:

Reception

Referred to:		Appointment Made:	Signature	
Document copied		Student given a copy	Student Signature	
Notified Principal/ Academic Director:	Yes	Date	Signature	

Investigation

Investigated by:		demic	Arbiter □	Date		Signature	
Meeting Outcome							
Complaint upheld	Yes No No						
Student notified	Yes No			Date		Signature	
Explained External appeals process to student Yes No □		No □	Date		Signature		
Complaint Not Upheld							
Recommend Remedial Action:							
Remedial Action completed	Yes No			Date		Signature	