



COMPLAINTS AND APPEALS FORM

Personal Details			
Full Name			
Position of Complainant/Appellant			
Email		Contact Number	
Address			
If the complainant is student, please provide the following details			
Student ID			
Course Code and Name			
COMPLAINT DETAILS		APPEAL DETAILS	
Date the cause of complaint occurred: ___/___/___		Date to which this appeal refers to: ___/___/___	
Reason for the complaint <input type="checkbox"/> General Operations <input type="checkbox"/> Assessment <input type="checkbox"/> ESOS related complaint		Reason for the appeal <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)	
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: ___/___/___			
Complaint/Appeal Summary (Please give detailed explanation of complaint/appeal and attach any supporting evidence)			
Complainant/Appellant Declaration			
<input type="checkbox"/> All the information provided in this form is correct and accurate to the best of my knowledge. <input type="checkbox"/> I am happy to attend any meeting with relevant persons required to resolve the issue.			
Signature		Date	



For Office Use Only			
Receiving staff member		Date	
Method of lodgement	<input type="checkbox"/> Email <input type="checkbox"/> In-Person <input type="checkbox"/> Mail <input type="checkbox"/> Phone		
Name and Position of the members empaneled to resolve the issue	Name		Position
Actions proposed by panel			
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)		
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"/> In-Person <input type="checkbox"/> Mail <input type="checkbox"/> Phone		
Response of complainant/appellant	<input type="checkbox"/> Agrees and accepts the decision done by panel (The complainant/appellant 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)		
Declaration by complainant/Appellant (Please tick before you sign it)			
<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.			
Complainant/Appellant Signature		Date	
Print Name			
Signature of Veritas' representative		Date	
Print Name		Position	