

# 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:			
Complaint/Appeal details (please tick)			
<input type="checkbox"/> <b>Complaint Details</b>		<input type="checkbox"/> <b>Appeals Details</b>	
Date the cause of complaint occurred:  _____		Date to which this appeal refers to:  _____	
<b>Reason for the complaint:</b>		<b>Reason for the appeal:</b>	
<input type="checkbox"/> General Operations		<input type="checkbox"/> Assessment outcome	
<input type="checkbox"/> Assessment outcome		<input type="checkbox"/> Discipline/misconduct	
<input type="checkbox"/> ESOS related complaint		<input type="checkbox"/> Any outcome of any application for request	
<input type="checkbox"/> Other, please specify		<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:  _____			

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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	
<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. <input type="checkbox"/> I understand that if I am dissatisfied with the decision, I can seek assistance through external appeal i.e. Overseas Student Ombudsman (OSO) which is free of cost.	
<b>Signature:</b> _____	
<b>Date:</b> _____	
*Office use: (*marked items to be filled up by staff or compliant handling party)	
*Receiving staff member:	
*Date:	
*Method of lodgment	<input type="checkbox"/> Email <input type="checkbox"/> Mail
*Name of the members empaneled to resolve the issue	
*Actions proposed by the panel/ determined resolution	

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<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"/> Referred to: <input type="checkbox"/> Other (Please specify)
<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/appellant</b>	<input type="checkbox"/> Email <input type="checkbox"/> Mail
<b>*Response of complainant/appellant</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-Overseas Student Ombudsman along with contact details of the same)

**Declaration by complainant/Appellant (Please read and tick before signing it):**

- I acknowledge that the outcome of the complaint/appeal lodged by me have been informed to me.  
 I agree with the decision made by the panel, and I am happy to accept it.

OR

- 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.

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

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

**Melbourne Trades College representative**

Name: \_\_\_\_\_

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

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