



Complaints and Appeals Form

Personal Details:	
Full Name:	
Position of Complainant/Appellant:	
Mobile No:	
Email:	
Address:	
If the complainant is student, please provide the following details	
Student ID:	
Course Name:	
Complaint/Appeal details	
Complaint Details Date the cause of complaint occurred: _____ Reason for the complaint: <input type="checkbox"/> General Operations <input type="checkbox"/> Assessment <input type="checkbox"/> ESOS related complaint 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: _____	Appeal details Date to which this appeal refers to: _____ 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)
Complaint/Appeal Summary (Please give detailed explanation of complaint/appeal and attach any supporting evidence)	
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.	
Student Signature: _____	Date: _____



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 of the members empanelled to resolve the issue	<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> </table>			
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/apellant	<input type="checkbox"/> Email <input type="checkbox"/> in person <input type="checkbox"/> mail <input type="checkbox"/> Phone			
Response of complainant/apellant	<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)			
<p>Declaration by complainant/Appellant (Please tick before you sign it):</p> <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.				
Signature: _____ Date _____				
Print Name: _____				
Signature of BIT's representative: _____ Date: _____				
Print Name: _____				