

Complaints and Appeal Form

Note:		
<ul style="list-style-type: none"> ▪ This form should be completed if you would like to lodge a complaint or would like to make an appeal about a decision taken by AHSI. This form must be lodged within twenty (20) working days of notification of the decision. 		
Please tick the relevant information		
Section 1: Personal Details		
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: ___/___/___
First Name:	Last Name:	Student ID:
Address:		
Suburb/Town:	Post Code:	Country:
Email Address:		Mobile:
Current Course:		
Section 2: Complaint/Appeal Details		
Reason for Complaint (please choose from below)	Reason for Appeal (please choose from below)	
<input type="checkbox"/> Staff Member(s) (please specify) _____	<input type="checkbox"/> Assessment outcome, unit _____	
<input type="checkbox"/> AHSI Service(s) (please specify) _____	<input type="checkbox"/> Attendance Records	
<input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Notice of Intention to Report	
Have you previously complained about this issue before? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Notice of Intention to Cancel	
Name of Staff:	<input type="checkbox"/> Other (please specify) _____	
Date of Complaint:		
Section 3: Complaint/Appeal Summary		
Please provide details regarding your complaint or appeal request including date(s), people(s) involved and any supporting evidence or documentation.		



Section 4: Expected Outcome

Section 5: Declaration

I, _____ (Applicant) hereby declare that the information contained in this application is true and correct to the best of my knowledge.
Signature: _____ Date: _____

Section 6: Office Use Only

Assessing Staff Name:	Position:
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Complaint/appeal discussed with:

Name:	Position:
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Name:	Position:
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Proposed actions identified in Initial meeting:

Student advised by: Email Phone In Person

Student request for second Meeting: Yes No (Student must request for second meeting no later than five (5) working days after the initial meeting.)

Proposed actions identified in second meeting:	
Student advised by: Email <input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/>	
Student's response to proposed actions & outcomes	
<input type="checkbox"/> Student accepts & agree - File copy in student file <input type="checkbox"/>	
<input type="checkbox"/> Student disagrees & unhappy: Student Support Manager will contact student to assist student to access Overseas Student Ombudsman Services	
Staff Signature:	Date:
Entered in Complaints Register: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Entered on VETtrak: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: