

HFS05 Student Complaints and Appeals Form

PERSONAL DETAILS	
Full Name:	
Position of Complainant/Appellant:	
Phone No:	
Email:	
<i>If the complainant is student, please provide the following details</i>	
Student ID:	
Course Name:	
Complaint/Appeal details	
<p><input type="checkbox"/> Complaint Details</p> <p>Date the cause of complaint occurred: _____/_____/_____</p> <p>Reason for the complaint:</p> <p><input type="checkbox"/> General Operations</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> ESOS related complaint</p> <p>Have you complained about the issue before?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> No</p> <p>If yes, please give the date, the complaint was lodged.</p> <p>_____/_____/_____</p>	<p><input type="checkbox"/> Appeal Details</p> <p>Date to which this appeal refers to: ____/____/____</p> <p>Reason for the appeal:</p> <p><input type="checkbox"/> Assessment outcome</p> <p><input type="checkbox"/> Any outcome of any application for request</p> <p><input type="checkbox"/> ITR (Non-payment)</p> <p><input type="checkbox"/> ITR (Poor course progress)</p> <p><input type="checkbox"/> Any disciplinary action taken against you. other (please specify below)</p>
Complaint/Appeal Summary	
(Please give detailed explanation of complaint/appeal and attach any supporting evidence)	

Declaration
<p>(Please tick before you sign)</p> <p><input type="checkbox"/> All the information provided in this form is correct and accurate to the best of my knowledge.</p> <p><input type="checkbox"/> I am happy to attend any meeting with relevant persons required to resolve the issue.</p> <p>Signature: _____ Date: _____</p>

Office Use Only	
Complaint/Appeal Receiving Staff member:	
Date:	
Name of members in panel for resolving the issue	
Actions proposed:	
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"/> Other (Please specify)

<p>Method to communicate the outcome with the complainant/appellant and date</p>	<p><input type="checkbox"/> If Appeal was successful - then 'Appeal successful' email is sent.</p> <p><input type="checkbox"/> If Appeal was unsuccessful - then 'Appeal unsuccessful' email is sent.</p> <p><input type="checkbox"/> Appeal entry recorded on register</p> <p>Staff: _____</p> <p>Date: _____</p>
<p>Response of complainant/appellant</p>	<p><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)</p> <p><input type="checkbox"/> Disagrees and unhappy (Student Support Officer will contact student to help student to access services of Overseas Student Ombudsman)</p>
<p>Outcome</p>	<p><input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful</p> <p>Reason/s for the Outcome:</p> <p>PARAGON POLYTECHNIC representative: _____</p> <p>Signature: _____</p> <p>Date: _____</p>

Declaration by complainant/Appellant

(Please tick before you sign):

- I acknowledge that I have been communicated the outcome of the complaint/appeal lodged by me.
- I agree to the decision made by the panel and happy to accept it.
- 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 PARAGON POLYTECHNIC representative: _____ Date: _____

Print Name: _____