

# HFS05 Student Complaints and Appeals Form

PERSONAL DETAILS	
<b>Full Name:</b>	
<b>Position of Complainant/Appellant:</b>	
<b>Phone No:</b>	
<b>Email:</b>	
<i>If the complainant is student, please provide the following details</i>	
<b>Student ID:</b>	
<b>Course Name:</b>	
Complaint/Appeal details	
<p style="text-align: center;"><input type="checkbox"/> <b>Complaint Details</b></p> <p>Date the cause of complaint occurred:</p> <p><b>Reason for the complaint:</b></p> <p><input type="checkbox"/> General Operations</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> ESOS related complaint</p> <p><b>Have you complained about the issue before?</b></p> <p><input type="checkbox"/> yes    <input type="checkbox"/> No</p> <p>If yes, please give the date, the complaint was lodged.</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Appeal Details</b></p> <p>Date to which this appeal refers to:</p> <p><b>Reason for the appeal:</b></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	
<b>(Please give detailed explanation of complaint/appeal and attach any supporting evidence)</b>	

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<b>Declaration</b>
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(Please tick before you sign)

- All the information provided in this form is correct and accurate to the best of my knowledge.
- I am happy to attend any meeting with relevant persons required to resolve the issue.

**Signature:**

**Date:**

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

<p><b>Method to communicate the outcome with the complainant/appellant and date</b></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><b>Response of complainant/appellant</b></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><b>Outcome</b></p>	<p><input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful</p> <p><b>Reason/s for the Outcome:</b></p> <p>_____</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: \_\_\_\_\_