

Appeals Form

Personal Details:

Full Name:	
Position of Complainant/Appellant:	
USI no:	
Phone No:	
Email:	
Address:	

If the complainant/ appellant is student, please provide the following details (NOT MANDATORY)

Student ID:	
Course Name:	
Course Code:	

Complaint/Appeal details

Appeals Details

Date to which this appeal refers to: _____

Reason for the appeal:

- Assessment outcome
- Discipline/misconduct
- Any outcome of any application for request
- Any disciplinary action taken against you.
- Other, please specify below

Have you complained about the issue before?

- Yes No

If yes, please give the date, the complaint was lodged:

Appeal Summary

(Please give detailed explanation of appeal and attach any supporting evidence)

Please provide us a detailed explanation on what will resolve this issue according to you?

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Declaration

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.

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.

Name: _____

Signature: _____

Date: _____

Office use Only:

Receiving staff member:	
Date:	
Method of lodgment	<input type="checkbox"/> Email <input type="checkbox"/> Mail
Name of the member responsible for resolving the issue.	
Implementation of Proposed action by:	<input type="checkbox"/> Continuous improvement Request. <input type="checkbox"/> Counselling by the relevant person/s. <input type="checkbox"/> Change of any service or member. <input type="checkbox"/> Other (Please specify)
Outcome	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful
Method to communicate the outcome with the complainant/appellant	<input type="checkbox"/> Email <input type="checkbox"/> Mail
Response of complainant/appellant	<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 (referred to external appeal handling body as per Hawk Institute's Complaints and Appeals Policy)
Name of Hawk Institute's representative:	
Signature of Hawk Institute's representative:	
Date:	