St Albans Institute Pty Ltd t/a Hawk Institute
Level 4, 171 Latrobe Street, Melbourne VIC 3000 Australia
RTO ID: 41451 CRICOS Code: 03596J
Website: www.hawkinstitute.edu.au
Email: info@hawkinstitute.edu.au
Phone: 1300 159 461
ABN 19608522087

FEEDBACK, COMPLAINTS AND APPEALS FORM

St. Albans Institute Pty. Ltd. T/A Hawk Institute

Personal Details	
Full Name:	
Position of Complainant/Appellant:	
USI No:	
Phone No:	
Email:	
Address:	
If the complainant is student, please provide the following details (NOT MANDATORY)	
Student ID:	
Course Name:	
Date:	

Type of Submission
Please indicate the type of submission:

☐ Feedback ☐ Complaint ☐ Appeal

Feedback/Complaint/Appeal Details

Feedback/Complaint Details

Date the issue occurred**:**

_____

Reason for: Submission (tick all applicable):

- General Operations
- Assessment
- ESOS related complaint
- Discipline/misconduct
- Outcome of application/request
- Other, please specify

Have you complained about the issue before?

- Yes
- No

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

_____

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

_____

_____

_____

St Albans Institute Pty Ltd t/a Hawk Institute
Level 4, 171 Latrobe Street, Melbourne VIC 3000 Australia
RTO ID: 41451 CRICOS Code: 03596J
Website: www.hawkinstitute.edu.au
Email: info@hawkinstitute.edu.au
Phone: 1300 159 461
ABN 19608522087

Summary of Feedback / Complaint / Appeal **(Please give detailed explanation and attach any supporting evidence)** **(Provide explanation on how you believe this complaint can be resolved)**
Please provide us a detailed explanation on what will resolve this issue according to you?

Declaration

- ☐ I declare that 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 after the internal appeal outcome, I can seek assistance from external complaints handling body i.e. Commonwealth Ombudsman www.ombudsman.gov.au which is free of cost.

Name: _____

Signature: _____

Date: _____

Office use Only:(*marked items to be filled up by staff or compliant handling party)

***Receiving staff member:**	
***Date Received:**	
***Method of lodgment**	☐ Emai ☐ Mail ☐ In-person
***Name(s) of the members responsible for resolving the issue.**	

St Albans Institute Pty Ltd t/a Hawk Institute
Level 4, 171 Latrobe Street, Melbourne VIC 3000 Australia
RTO ID: 41451 CRICOS Code: 03596J
Website: www.hawkinstitute.edu.au
Email: info@hawkinstitute.edu.au
Phone: 1300 159 461
ABN 19608522087

***Actions proposed by the panel/ determined resolution**	
***Implementation of Proposed action by:**	☐ Continuous improvement Request. ☐ Counselling by the relevant persons. ☐ Change of any service or member. ☐ External Counselling agency ☐ Referred to: ☐ Other (Please specify) _____
***Date of Resolution**	/ /
***Outcome**	☐ Successful ☐ Unsuccessful
***Method to communicate the outcome with the complainant/appellant**	☐ Email ☐ Mail
***Response of Complainant/Appellant**	☐ Agrees and accepts the decision done by panel (The student signs the acceptance, and the record is placed in student's admin file) ☐ Disagrees and unsatisfied (Student has been advised of the right accessing external complaints handling body- Commonwealth Ombudsman along with contact details of the same)

Declaration by Complainant/Appellant

(Please read and tick before signing it):

- I acknowledge that the outcome of the feedback/complaint/appeal lodged by me have been informed to me.
- I agree with the decision made by the panel and I am happy to accept it.

OR

- I disagree with the decision made by the panel and would like to escalate it to an external complaint handling body, and I have been advised of all the required information in this regard.

Signature: _____ Date: _____

HAWK'S Representative

Name:_____ Signature:_____ Date:_____