

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:	

Complaint Details

Complaint Details

Date the cause of complaint occurred:

Reason for the complaint:

- General Operations
- Assessment outcome
- ESOS related complaint
- 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

Complaint Summary (Please give detailed explanation of the complaint/appeal 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	
<input type="checkbox"/> All the information provided in this form is correct and accurate to the best of my knowledge. <input type="checkbox"/> I am happy to attend any meeting with relevant persons required to resolve the issue. <input type="checkbox"/> I understand that if I am dissatisfied with the decision, I can seek assistance through external appeal i.e. Commonwealth Ombudsman 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:	
*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 persons. <input type="checkbox"/> Change of any service or member. <input type="checkbox"/> External Counselling agency <input type="checkbox"/> Referred to: <input type="checkbox"/> Other (Please specify)
*Date of Resolution	/ /
*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 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): <ul style="list-style-type: none"><input type="radio"/> I acknowledge that the outcome of the complaint/appeal lodged by me have been informed to me.<input type="radio"/> I agree with the decision made by the panel and I am happy to accept it. OR <ul style="list-style-type: none"><input type="radio"/> 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: _____	