



COMPLAINTS AND APPEALS FORM

PERSONAL DETAILS:	
Full Name:	
Position of Complainant/Appellant (if the complainant/appellant is employed by SITS):	
Phone No:	
Email:	
Address:	
If the complainant/appellant is student, please provide the following details	
Student ID:	
Course Name:	
Complaint/Appeal details	
Complaint Details Date the cause of complaint occurred: _____ Reason for the complaint: <input type="checkbox"/> General Operations <input type="checkbox"/> Assessment outcome <input type="checkbox"/> ESOS related complaint <input type="checkbox"/> Other (please specify) _____ _____ _____ _____ Have you complained about the issue before? <input type="checkbox"/> yes <input type="checkbox"/> No If yes, please give the date, the complaint was lodged: _____	Appeal details Date to which this appeal refers to: _____ Reason for the appeal: <input type="checkbox"/> Assessment outcome <input type="checkbox"/> Any outcome of any application for request <input type="checkbox"/> Any disciplinary action taken against you. <input type="checkbox"/> other (please specify below)



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COMPLAINT/APEAL SUMMARY
(PLEASE GIVE DETAILED EXPLANATION OF COMPLAINT/APEAL, THE EXPECTED OUTCOME AND ATTACH ANY SUPPORTING EVIDENCE)

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.

Signature: _____ Date: _____

OFFICE USE ONLY:

Receiving staff member:	
Date:	
Method of lodgement	<input type="checkbox"/> Email <input type="checkbox"/> in person <input type="checkbox"/> mail <input type="checkbox"/> Phone
Name of members in panel for resolving the issue	
Actions proposed by panel	
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)
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"/> in person <input type="checkbox"/> mail <input type="checkbox"/> Phone



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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 (SITS will contact student to help student to access services of External Bodies or referred to an independent mediator)
Declaration by complainant/Appellant (Please tick before you sign it): <input type="checkbox"/> I acknowledge that I have been communicated the outcome of the complaint/appeal lodged by me. <input type="checkbox"/> I agree to the decision made by the panel and happy to accept it. <input type="checkbox"/> 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 SITS's representative: _____ Date: _____ Print Name: _____	