

Complaint or Appeal Lodgment Form

Note:

This form should be completed if you would like to lodge a complaint or would like to make an appeal about a decision taken by Alpha Institute. This form must be lodged within twenty (20) working days of notification of the decision.

Please tick () the relevant information

Section 1: Personal Details

Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth: __/__/____
First Name:		Last Name:		Student ID:
Address:				
Suburb/Town:		Post Code:		Country:
Email Address:				Mobile:
Current Course:				Campus:

Section 2: Complaint/Appeal Details

Reason for Complaint (please choose from below)		Reason for Appeal (please choose from below)	
<input type="checkbox"/> Staff Member(s) (please specify) _____		<input type="checkbox"/> Assessment outcome, unit _____	
<input type="checkbox"/> Alpha Institute Service(s) (please specify) _____		<input type="checkbox"/> Attendance Records	
<input type="checkbox"/> Other (please specify) _____		<input type="checkbox"/> Notice of Intention to Report	
Have you complained about this before? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Notice of Intention to Cancel	
Name of Staff:		<input type="checkbox"/> Other (please specify) _____	
Date of Complaint:			

Section 3: Complaint/Appeal Summary

Please provide details regarding your complaint or appeal request including date(s), people(s) involved.

Section 4: Expected Outcome

Section 5: Declaration

I, _____ (Applicant) hereby declare that the information contained in this application is true and correct to the best of my knowledge.
 Signature: _____ Date: _____

Section 6: Office Use Only	
Assessing Staff Name:	Position:
Application Outcome: Approved <input type="checkbox"/> Decline <input type="checkbox"/>	
Complaint/appeal discussed with:	
Name:	Position:
Name:	Position:
Proposed actions identified in Initial meeting:	
Student advised by: Email <input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/>	
Student request for second Meeting: Yes <input type="checkbox"/> No <input type="checkbox"/> (Student must request for second meeting no later than five (5) working days after the initial meeting.)	
Proposed actions identified in second meeting:	
Student advised by: Email <input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/>	
Student's response to proposed actions & outcomes	
<input type="checkbox"/> Student accepts & agree - File copy in student file <input type="checkbox"/> <input type="checkbox"/> Student disagree & unhappy: Student Support Manager will contact student to assist student to access Overseas Student Ombudsman Services	
Staff Signature:	Date:

