

COMPLAINTS AND APPEALS

CHOOSE YOUR COLLEGE:

Melbourne Metropolitan College

Langford English College

Personal Details

Full Name		Position of Complainant/Appellant	
Phone number		Email	
Address			
If the Complainant is a student, please provide the following details:			
Student ID			
Course Name			

Complaint/Appeal details (tick X as required)

Complaint Details	Appeal Details
<p>Date the cause of complaint occurred: / /</p> <p>Reason for the complaint:</p> <p><input type="checkbox"/> General Operations</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> ESOS related complaint</p> <p>Have you complained about the issue before?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please give the date, the complaint was lodged:</p> <p>Date / /</p>	<p>Date to which this appeal refers to: / /</p> <p>Reason for the appeal:</p> <p><input type="checkbox"/> Assessment outcome</p> <p><input type="checkbox"/> Any outcome of any application for request</p> <p><input type="checkbox"/> Any disciplinary action taken against you</p> <p><input type="checkbox"/> Other (please specify below)</p>

Complaint/Appeal Summary

(Please give a detailed explanation of the complaint/appeal and attach any supporting evidence)

Complainant Declaration

(Please tick before signing)

- All the information provided in this form is correct and accurate to the best of my knowledge.
- I am happy to attend a meeting(s) with relevant persons required to resolve the issue.

Signature		Date	/	/
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For Office Use Only

Complaint/Appeal receiving staff member		Date:	/	/
Method of lodgement	<input type="checkbox"/> Email <input type="checkbox"/> In person <input type="checkbox"/> Mail <input type="checkbox"/> Phone			
Assigned to				
Actions proposed by panel				
Implementation of proposed action	<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"/> Other (Please specify) _____			
Review outcome	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful			
Method to communicate the outcome with the Complainant/Appellant and date	- Appeal was successful - 'Appeal successful' email sent OR Appeal was unsuccessful - 'Appeal unsuccessful' email sent - Appeal entry recorded on the register Staff: _____ Date: / /			
Response of Complainant/Appellant	<input type="checkbox"/> Agrees and accepts the decision done by the panel (The student signs the acceptance and the record is placed in the student's admin file) <input type="checkbox"/> Disagrees and is unhappy (Student Support Officer will contact the student to help the student access the services of Overseas Student Ombudsman)			
Declaration by complainant/Appellant				
(Please tick before you sign):				
<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	/	/