

F09 COMPLAINTS AND APPEALS FORM

The form is to be filled by any complainant or an appellant seeking to access the QCVE's Complaints and Appeals Process. Please ensure that you have tried to resolve the complaints by first approaching the relevant members of the staff.

Personal Details:	
Full Name:	
Position of Complainant/Appellant:	
Phone No:	
Email:	
Address:	
If the complainant is student, please provide the following details	
Student ID:	
Course Name:	
Complaint/Appeal details	
<p>Complaint Details</p> <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><input type="checkbox"/> yes <input type="checkbox"/> No</p> <p>If yes, please give the date, the complaint was lodged:</p> <p>_____</p>	<p>Appeal details</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 detailed explanation of complaint/appeal and attach any supporting evidence)	
Declaration	
<p><input type="checkbox"/> All the information provided in this form is correct and accurate to the best of my knowledge.</p> <p><input type="checkbox"/> I am happy to attend any meeting with relevant persons required to resolve the issue.</p>	
Signature:	Date:
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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"/> Other (Please specify)
Outcome	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful
Method to communicate the outcome with the complainant/appellant and date	<input type="checkbox"/> Email <input type="checkbox"/> in person <input type="checkbox"/> mail <input type="checkbox"/> Phone Date: _____
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 (Student Support Officer will contact student to help student to access services of Overseas Student Ombudsman)
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 QCVE's representative: _____ Date: _____	
Print Name: _____	