



COMPLAINTS AND APPEALS FORM



ALPHA TRAINING COLLEGE

RTO Number: 45145

CRISCOS ID: 03633J

Email: alphatrainingcollege@gmail.com

Complaints and Appeals Form

Personal Details:	
Full Name:	
Position of Complainant/Appellant:	
USI no:	
Phone No:	
Email:	
Address:	
If the complainant is a student, please provide the following details	
Student ID:	
Course Name:	
Course Code:	
Complaint/Appeal Details	
<p>Complaint Details</p> <p>Date the cause of complaint occurred:</p> <p>_____</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><input type="checkbox"/> Others, Please specify</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>_____</p> <p>Reason for the appeal:</p> <p><input type="checkbox"/> Assessment outcome</p> <p><input type="checkbox"/> Discipline/misconduct</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"/> others (please specify below)</p>



Complaint/Appeal Summary

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

Please give a detailed explanation on what you think will resolve this issue.

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.

Name: _____

Signature: _____

Date: _____



Office use Only:	
Receiving staff member:	
Date:	
Method of lodgment	<input type="checkbox"/> Email <input type="checkbox"/> Mail
Name of the members empaneled to resolve the issue	
Actions proposed by panel	
Implementation of Proposed action by:	<input type="checkbox"/> Continuous improvement Request. <input type="checkbox"/> Counseling by the relevant persons. <input type="checkbox"/> Change of any service or member. <input type="checkbox"/> External Counseling 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"/> Mail
Response of complainant/appellant	<input type="checkbox"/> Agrees and accepts the decision done 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):

- I acknowledge that I have been communicated the outcome of the complaint/appeal lodged by me.
- I agree to the decision made by the panel and happy to accept it.
- 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.

Name: _____

Signature: _____

Date: _____

Name of AICA's representative:

Signature of AICA's representative:

Date:





**ALPHA
INTERNATIONAL COLLEGE**

Level-8 500 Collins Street Melbourne VIC-3000

Phone : 03 8390 1019

Email : alphatrainingcollege@gmail.com