

## **Complaints and Appeals Form**

This form should be used to submit a complaint or appeal. Appeals must be lodged within 20 days of the initial event/decision.

The information provided on this form will be used exclusively to resolve your complaint/appeal. None of the information you provide on this form will be disclosed to anyone outside of the business without your permission, unless we are required to do so by law.

Please submit the completed form to Skills Australia Institute (SAI) in person to a Student Support Officer or by email to <a href="mailto:studentservices@skillsaustralia.edu.au">studentservices@skillsaustralia.edu.au</a>

First Name:		Family Name:				
Student ID:		CoE Number				
Current Course:	Course Code	Course Name				
Mobile:		Email:				
Please select the reaso	n for this application from	-> Complaint		Appeal 🗆		
Reason for this complain below).	nt (Please tick and provide further details	<u>Reason for this app</u> below).	<u>peal</u> (Please tick and	d provide further details		
□ Trainer/Staff member (please provide name):		Academic Assessment outcome (please list relevant				
□ Services provided (please specify):		unit/s):				
□ Facilities or Equipment (please specify):		Non-Academic decision/outcome (please specify):				
Course Resources		Disciplinary action taken against you (please specify):				
□ Other (please specify):		Attendance/participation course records (please specify):				
Have you complained about this issue before?		Course fees or charges applied(please specify):				
		□ Notice of Intention to Cancel Enrollment (please specify):				
		Notice of Intenti	on to Report you	to DHA:		
IF Yes, provide Date:		□ Other (please specify):				
<b>Complaint/Appeal Details</b> (Summary) Please outline the reasons for your complaint or appeal and attach supporting evidence.						

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## Student Acknowledgement

I have read and understand the Skills Australia Institute Complaints and Appeals Policy and Procedure. I understand that I may be requested to provide further information or attend a meeting upon request to discuss my complaint/appeal further. I am willing to attend a meeting at Skills Australia Institute if required.

Name:	Signature:	Date:

SAI OFFICE USE ONLY						
Receiving Staff Member Name:			Date:			
Complaint/appeal recorded in eBECAS		Date Ente	ered:			
Acknowledgement sent to student		Date sen	t:	Method:		
Complaint/appeal forwarded to Training and	d Compliance N	lanager		Date sent:		
Complaint/appeal entered in the SAI Compla	aints/Appeals R	egister		Date Entered:		
Complaint checked for completeness						
T&CM Complaint Findings/Decision	OR	Appeal Reco	mmenda	ion/s:		
Findings/Recommendation/s:						
Complaint Outcome:						
Supported:  Not Supported:						
Appeal recommendation/s forwarded to the CEO for consideration/decision  Date Sent: Date Sent:						
Name:	Signature:			Date:		
CEO Findings/Decision						

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Finding	S:							
Compla	int/Appeal Outcome	:						
Appeal Successful:  Appeal Unsuccessful:								
Name:		Position:		Signature:			Date:	
Complaints / Appeals register updated with outcome:  Date updated: Date updated:				d:				
Notice of outcome sent to student (MUST be within 10 working days of outcome decision)			Da	ate Sent:				
<u> </u>	Position:     Signature:     Date:       ints / Appeals register updated with outcome:     □     Date updated:							
Outcom								

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