

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 studentservices@skillsaustralia.edu.au

First Name:		Family Name:	
Student ID:		CoE Number	
Current Course:	Course Code	Course Name	
Mobile:		Email:	
Please select the reason for this application from -----> Complaint <input type="checkbox"/> OR Appeal <input type="checkbox"/>			
Reason for this complaint (Please tick and provide further details below). <input type="checkbox"/> Trainer/Staff member (please provide name): <input type="checkbox"/> Services provided (please specify): <input type="checkbox"/> Facilities or Equipment (please specify): <input type="checkbox"/> Course Resources <input type="checkbox"/> Other (please specify): Have you complained about this issue before? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, provide Date:		Reason for this appeal (Please tick and provide further details below). <input type="checkbox"/> Academic Assessment outcome (please list relevant unit/s): <input type="checkbox"/> Non-Academic decision/outcome (please specify): <input type="checkbox"/> Disciplinary action taken against you (please specify): <input type="checkbox"/> Attendance/participation course records (please specify): <input type="checkbox"/> Course fees or charges applied(please specify): <input type="checkbox"/> Notice of Intention to Cancel Enrollment (please specify): <input type="checkbox"/> Notice of Intention to Report you to DHA: <input type="checkbox"/> Other (please specify):	
Complaint/Appeal Details (Summary) Please outline the reasons for your complaint or appeal and attach supporting evidence.			
Document Name: Complaints and Appeals Form Version: 2.1		RTO Code: 52010 Review Date: 17 May 2020	
Approved on: 17 May 2019		CRICOS Code: 03548F Page 1 of 3	

Complaints and Appeals Form



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	<input type="checkbox"/>	Date Entered:	
Acknowledgement sent to student	<input type="checkbox"/>	Date sent:	Method:
Complaint/appeal forwarded to Compliance Manager	<input type="checkbox"/>	Date sent:	
Compliance Manager (CM) Action:			
Complaint/appeal entered in the SAI Complaints/Appeals Register	<input type="checkbox"/>	Date Entered:	
Complaint checked for completeness	<input type="checkbox"/>		
CM Complaint Findings/Decision	OR	Appeal Recommendation/s:	
Findings/Recommendation/s:			
Complaint Outcome:			
Supported:	<input type="checkbox"/>	Not Supported:	<input type="checkbox"/>
Appeal recommendation/s forwarded to the CEO or NGM for consideration/decision	<input type="checkbox"/>	Date Sent:	
Name:		Signature:	
		Date:	
CEO/NGM Findings/Decision			

Complaints and Appeals Form



Findings:

Complaint/Appeal Outcome:

Appeal Upheld: Appeal Overturned:

Name:		Position:		Signature:		Date:	
-------	--	-----------	--	------------	--	-------	--

Complaints / Appeals register updated with outcome:	<input type="checkbox"/>	Date updated:
Notice of outcome sent to student (MUST be within 10 working days of outcome decision)	<input type="checkbox"/>	Date Sent:
Outcome recorded in SAI continuous improvement register (if applicable):	<input type="checkbox"/>	Date Entered:
Outcome records saved into eBECAS, student record:	<input type="checkbox"/>	Date Entered: