

Complaints and Appeal Outcome Form

This form should be read in conjunction with QIHE's *Complaints and Appeal Policy and Procedure*.

1. Complaint/Appeal Information				
Complaint/Appeal Reference Number				
Complainant's Name		Contact		
Student ID		Program		
Submission Date				
Receiving Staff Member		Date of Receiving		
Date Acknowledgment letter sent to Applicant				
Date of Occurrence				
Date Complaint/Appeal Finalised		Resolution timeframe (working days)		
Type of Complaint/Appeal i) Academic (e.g., grades, assessment outcomes) <input type="checkbox"/> ii) Administrative (e.g., enrolment, fees) <input type="checkbox"/> iii) Behavioural/Misconduct (e.g., harassment, discrimination) <input type="checkbox"/> iv) Other (please specify): _____				
Does the complainant require assistance/support (e.g., interpreter, advocate)? Yes <input type="checkbox"/> No <input type="checkbox"/>				
2. Has This Incident Been Reported Before?				
Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Previous Submission Click or tap to enter a date.				
3. Brief Detail of the Incident				
Include key dates, individuals involved and attach supporting evidence. All information provided will be managed in accordance with the Privacy Act 1988 (Cth).				

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4. Findings/Recommendation(s)			
Findings and recommendations have been reviewed in accordance with QIHE's Complaints and Appeal Policy.			
5. Outcome(s)			
Complainant advised of right to seek review of this decision under QIHE's Complaints and Appeal Policy. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Complainant advised of right to access external complaints bodies (e.g., Overseas Student Ombudsman for international students). Yes <input type="checkbox"/> No <input type="checkbox"/>			
6. Checklist			
i) Complaints/Appeal Register Updated		Yes <input type="checkbox"/>	No <input type="checkbox"/>
ii) Acknowledgement of Outcome Sent to Complainant		Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii) Outcome recorded in QIHE's Continuous Improvement Register (if applicable)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
iv) Evidence Attached		Yes <input type="checkbox"/>	No <input type="checkbox"/>
v) Complainant informed of internal review and external appeal rights.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Authorised Staff Member's Name			
Signature		Date	

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7. For Authorised Use Only													
Date Complaint/Appeal Closed													
Resolution timeframe verified (working days): Yes <input type="checkbox"/> No <input type="checkbox"/>													
<table border="1"> <tr> <th colspan="2">Data entered into:</th> </tr> <tr> <td>Complaints/Appeals Register</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Continuous Improvement Register</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Academic Board / Governing Council reporting (if applicable)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Reported to TEQSA / ESOS regulator (if applicable)</td> <td><input type="checkbox"/></td> </tr> </table>				Data entered into:		Complaints/Appeals Register	<input type="checkbox"/>	Continuous Improvement Register	<input type="checkbox"/>	Academic Board / Governing Council reporting (if applicable)	<input type="checkbox"/>	Reported to TEQSA / ESOS regulator (if applicable)	<input type="checkbox"/>
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Staff Member Completing this Section													
Signature		Date											