

Complaints and Appeal Form

Section A: Complainant Details

Form Completed By:			
<input type="checkbox"/> Student	<input type="checkbox"/> Staff Member		
Student ID (if applicable)		Program	
Course(s) Enrolled		Submission Date	

Personal Information of Complainant								
Title	Mr.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Other	<input type="checkbox"/>
Family Name(s)								
Given Name(s)								
Telephone Number				Email Address				
Current Address								
Date of Birth				Nationality				

Section B: Complaint or Appeal Information

I. Complaint/Appeal Information							
<input type="checkbox"/> Complaint <input type="checkbox"/> Appeal							
<i>Please indicate whether you are submitting a Complaint (about a service, decision, or conduct) or an Appeal (against the outcome of a previous decision).</i>							
Date of Occurrence							
Have You Reported This Before?		Yes <input type="checkbox"/>			No <input type="checkbox"/>		
<i>If yes, please provide details below:</i>							
Previous Submission Date		Staff Member Name					
Designation		How it was reported (e.g., email, meeting, verbal):					

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Section C: Details of Complaint or Appeal

I. Details of Complaint or Appeal

Please describe the issue clearly, including:

- *What happened;*
- *When and where it occurred;*
- *Who was involved;*
- *Any steps you have already taken to resolve it.*

(Attach additional pages if required.)

2. Supporting Evidence

Please list and attach any documents that support your complaint or appeal (e.g., emails, letters, screenshots, medical certificates, academic records).

3. Desired Outcome

Please state the resolution you are seeking from this complaint or appeal.

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Section D: Declaration

I. Declaration

By signing below, I acknowledge and confirm the following:

- i) The information I have provided in this form is true and correct to the best of my knowledge. I understand that providing inaccurate or incomplete information may affect the outcome of my Complaint or Appeal;
- ii) I have read and understood QIHE's *Complaints and Appeal Policy and Procedure*;
- iii) I understand that I may be required to provide additional information or attend a meeting upon request to facilitate investigation of my Complaint or Appeal;
- iv) I consent to QIHE collecting, using and disclosing my personal information for the purpose of managing and resolving this complaint or appeal, in accordance with the Privacy Act 1988.

Note: If you are not satisfied with the outcome of this complaint or appeal, you have the right to request an external review, including through the Commonwealth Ombudsman (for international students).

Full Name			
Signature	Date		

For Official Use Only			
Complaint/Appeal Reference Number			
Date Received		Receiving Staff Member's Name	
Designation		Signature	
Comments:			
Authorised Staff Member's Name			
Signature		Date	
<i>Note: The outcome of this complaint/appeal, including findings, recommendations and resolution, must be recorded in the Complaints and Appeal Outcome Form.</i>			