

# Complaints and Appeal Form

## Section A: Complainant Details

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

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

### 1. 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

<b>I. Declaration</b>			
By signing below, I acknowledge and confirm the following:			
<p>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;</p> <p>ii) I have read and understood QIHE's <i>Complaints and Appeal Policy and Procedure</i>;</p> <p>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;</p> <p>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.</p>			
<i>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).</i>			
Full Name			
Signature		Date	

<b>For Official Use Only</b>			
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>			