

Complaints and Appeal Outcome Form

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

I. 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			
<p><i>Include key dates, individuals involved and attach supporting evidence. All information provided will be managed in accordance with the Privacy Act 1988 (Cth).</i></p>			

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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 No

Complainant advised of right to access external complaints bodies (e.g., Overseas Student Ombudsman for international students).

Yes No

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 (<i>if applicable</i>) | 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 checked="" type="checkbox"/>	
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"/>
Staff Member Completing this Section	
Signature	Date