Ideal International Institute Pty Ltd
RTO NO. 46289 I CRICOS NO.: 04296B
Address: Suite 1510, Level 15, 530 Little Collins street, Melbourne, VIC 3000
E: idealinternationalinstitute1@gmail.com
W: www.iii.vic.edu.au| Ph: 1300201247
ABN: 16667624124

FEEDBACK, COMPLAINTS AND APPEALS FORM

Personal Details:	
Full Name:	
Position of Complainant/Appellant:	
USI no:	
Phone No:	
Email:	
Address:	
If the complainant is a student, please provide the following details	
Student ID:	
Course Name:	
Date:	

Type of Submission
Please indicate the type of submission: ☐ Feedback ☐ Complaint ☐ Appeal

Feedback/Complaint/Appeal details

Feedback / Complaint Details

Date the issue occurred**:** _____

Reason for submission (tick all applicable):

- ☐ General Operations
- ☐ Assessment
- ☐ ESOS related complaint
- ☐ Discipline/misconduct
- ☐ Outcome of application/request
- ☐ Other, please specify

Have you complained about the issue before?

- ☐ Yes
- ☐ No

If yes, please give the date, the complaint was lodged:

_____

Appeals Details

Date to which this appeal refers to:

_____

Reason for the appeal:

- ☐ Assessment outcome
- ☐ Discipline/misconduct
- ☐ Any outcome of any application for request
- ☐ Any disciplinary action taken against you.
- ☐ Other (please specify below)

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Summary of Feedback / Complaint / Appeal (Please give detailed explanation and attach any supporting evidence) (Provide an explanation on how you believe this complaint can be resolved)

Declaration

- ☐ I declare that all the information provided in this form is correct and accurate to the best of my knowledge.
- ☐ I am willing to participate in meetings or discussions to help resolve this matter.
- ☐ I understand that if I am dissatisfied with the decision after the internal appeal; outcome I can seek assistance from external complaints handling body i.e., Overseas Student Ombudsman (OSO) www.ombudsman.gov.au which is free of cost.

Signature: _____

Date: _____

***Office use: (*marked items to be filled up by staff or compliant handling party)**	
***Receiving staff member:**	
***Date Received:**	
***Method of lodgement**	☐ Email ☐ Mail ☐ In-person
***Name(s) of Staff Reviewing the Case:**	
***Actions proposed by the panel/ determined resolution**	

***Implementation of Proposed action by:**	☐ Continuous improvement Request. ☐ Counselling by the relevant persons. ☐ Change of any service or member. ☐ External Counselling agency ☐ Referred to: ☐ Other (Please specify)
Date of Resolution	_____/_____/_____
***Outcome**	□ Successful □ Unsuccessful
***Method to communicate the outcome with the complainant/appellant**	□ Email □ Mail
***Response of complainant/appellant**	□ Agrees and accepts the decision made by the panel (The student signs the acceptance, and the record is placed in student's admin file) □ Disagrees and unhappy (III will contact the student to help him/her to access services of Overseas Student Ombudsman)

Declaration by complainant/Appellant (Please read and tick before signing it):

□ I acknowledge that the outcome of the feedback/complaint/appeal lodged by me have been informed to me.

□ I agree with the decision made by the panel, and I am happy to accept it.

OR

□ I disagree with the decision made by the panel and would like to escalate it to an external body, and I have been advised of all the required information in this regard.

Signature: _____

Date: _____

III's representative

Name: _____

Signature: _____

Date: _____