



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: info@iii.vic.edu.au
W: 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?	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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• Yes • No If yes, please give the date, the complaint was lodged:	
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	



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*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	Xx/xx/xxxx
*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: _____