

CFS03 Complaints and Appeals Form

| PERSONAL DETAILS | | | | |
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| Full Name: | | | | |
| Position of Complainant/Appellant: | | | | |
| Phone No: | | | | |
| Email: | | | | |
| If the complainant is student, please provide the following | details | | | |
| Student ID: | | | | |
| Course Name: | | | | |
| Complaint/Appeal details | | | | |
| Complaint Details | Appeal Details | | | |
| Date the cause of complaint occurred: / Reason for the complaint: □ General Operations □ Assessment □ ESOS related complaint Have you complained about the issue before? □ yes □ No If yes, please give the date, the complaint was lodged. / | Date to which this appeal refers to:// Reason for the appeal: Assessment outcome Any outcome of any application for request ITR (Non-payment) ITR (Poor course progress) Any disciplinary action taken against you. other (please specify below) | | | |
| Complaint/Appeal Summary (Please give detailed explanation of complaint/appeal and attach any supporting evidence) | | | | |
| | | | | |



Declaration

(Please tick before you sign)

□All the information provided in this form is correct and accurate to the best of my knowledge.

□I am happy to attend any meeting with relevant persons required to resolve the issue.

Signature:

Date:

| Office Use Only | | |
|--------------------------------------------------|--|--|
| Complaint/Appeal Receiving Staff member: | | |
| Date: | | |
| Name of members in panel for resolving the issue | | |
| Actions proposed: | | |



| Implementation of Proposed action by: | Continuous improvement Request. Counselling by the relevant persons. Change of any service or member. External Counselling agency Other (Please specify) | |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Method to communicate the outcome with the complainant/appellant and date | If Appeal was successful - then 'Appeal successful' email is sent. If Appeal was unsuccessful - then 'Appeal unsuccessful' email is sent. Appeal entry recorded on register | |
| | Staff: Date: | |
| Response of complainant/appellant | Agrees and accepts the decision done by panel (The student signs the acceptance, and the record is placed in student's admin file) | |
| | Disagrees and unhappy (Student Support Officer will contact student to help student to access services of Overseas Student Ombudsman) | |
| Outcome | Successful Unsuccessful | |
| | Reason/s for the Outcome: | |
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| | PARAGON POLYTECHNIC representative: | |
| | Signature: | |
| | Date: | |
| | | |
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| Declaration by complainant/Appellant | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--|--|
| (Please tick before you sign): | | | |
| I acknowledge that I have been communicated the outcome of the complaint/appeal lodged by me. I agree to the decision made by the panel and happy to accept it. I disagree to 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: | | |
| Print Name: | | | |
| Signature of PARAGON POLYTECHNIC representative: | Date: | | |
| Print Name: | | | |