

CFS03 Complaints and Appeals Form

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



	Declaration			
(Please tick before you sign)				
\Box All the information provided in this form is correct and accurate to the best of my knowledge.				
\Box 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: Method to communicate the outcome with the complainant/appellant and date	 ☐ Continuous improvement Request. ☐ Counselling by the relevant persons. ☐ Change of any service or member. ☐ External Counselling agency ☐ Other (Please specify) ☐ 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:
	COLLINS ACADEMY representative: Signature: Date:



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 COLLINS ACADEMY representative:	Date:			
Print Name:				