

Complaints and Appeals Form

A Complaint/Appeal is a problem you might experience about something that has happened which you believe is unfair. Generally, the first person to see about this problem is your Trainer or Student Administration. If the problem cannot be resolved through speaking with your Trainer or Administration Officers, you should discuss it with the Administration Manager or the Training Manager.

If the Complaint/Appeal involves a personal or welfare matter, you can approach the Student Support Officer. You may also put your concerns in writing.

AIP's Complaints and Appeal Policy is available at the Institute Reception or can be downloaded from our website.

To make a complaint or an appeal fill out this form with any supporting evidence and hand it to the Administration Department who will act in accordance with Complaints and Appeals Policy. Your Complaint or Appeal and the supporting evidence will be registered and responded to within 10 days of your form being lodged with the Administration Department.

PERSONAL DETAILS			
First Name:			
Last Name:			
Position of Complainant/Appellant:			
Phone No:			
Email:			
Address:			
If the complainant is student, please provide the following details			
Student ID:			
Course Name:			
Complaint/Appeal (tick appropriate box)			
<input type="checkbox"/>	Assessment / Result of Assessment	<input type="checkbox"/>	Plagiarism
<input type="checkbox"/>	The Anti-Discrimination Policy	<input type="checkbox"/>	ESOS related complaint
<input type="checkbox"/>	The Equal Opportunity Policy	<input type="checkbox"/>	Complaints against a student
<input type="checkbox"/>	Complaints against a Trainer/Assessor/Staff	<input type="checkbox"/>	Others (please specify)

Head Office

📍 Level 1, 333 Queen Street,
Melbourne, VIC 3000, Australia

☎ +61 3 9749 7727

🌐 info@aiop.edu.au

www.aiop.edu.au

RTO: 32521 | CRICOS: 03934G

Have you complained about the issue before?

yes No

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

Date: / /

Complaint/Appeal Summary

(Please give detailed explanation of complaint/appeal and attach any supporting evidences)

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:

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Office Use Only	
Complaint/Appeal Receiving staff member:	
Date:	
Method of lodgment	<input type="checkbox"/> Email <input type="checkbox"/> in person – mail <input type="checkbox"/> Phone
Name of members in panel for resolving the issue	
Actions proposed by panel	
Implementation of Proposed action by:	<input type="checkbox"/> Continuous improvement Request. <input type="checkbox"/> Counselling by the relevant persons. <input type="checkbox"/> Change of any service or member. <input type="checkbox"/> External Counselling agency <input type="checkbox"/> Other (Please specify)
Outcome	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful
Method to communicate the outcome with the complainant/appellant and date	<input type="checkbox"/> Email <input type="checkbox"/> in person <input type="checkbox"/> mail <input type="checkbox"/> Phone Date: _____
Response of complainant/appellant	<input type="checkbox"/> Agrees and accepts the decision done by panel (The student signs the acceptance and the record is placed in student's admin file) <input type="checkbox"/> Disagrees and unhappy (Student Support Officer will contact student to help student to access services of Overseas Student Ombudsman)
Declaration by complainant/Appellant	

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(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 AIP representative: _____ Date: _____

PrintName: _____