

COMPLAINT & APPEALS LODGEMENT FORM

SECTION 1 – Personal Details

Name:		Student ID:	
Address:		Post Code:	
Email:		Tel/ Mobile:	

SECTION 2 – Course / Unit/ Module Details

Code/Title:	
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- If you are making an appeal, please complete section 4
- If you are making a complaint, please complete section 5
- Please explain the nature of your complaint in as much detail as possible

SECTION 3 – Complainant Declaration

I have read and understood the Empyrean Education Institute Complaints & Appeals Policy and I declare that the other party to the complaint and/or appeal may be contacted to resolve the issue. I agree that Empyrean Education Institute may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.

Signature:		Date:	/ /
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SECTION 4 – Appeal Details

Please tick the following areas to which your appeal relates:

<input type="checkbox"/> Notice of intention to cancel- Attendance	<input type="checkbox"/> Penalty/s applied
<input type="checkbox"/> Notice of intention to cancel- Academic performance	<input type="checkbox"/> Breach of VISA conditions
<input type="checkbox"/> Notice of intention to cancel- Non-payment of fees	<input type="checkbox"/> Cancellation of enrolment
<input type="checkbox"/> Notice of intention to cancel- Misconduct	<input type="checkbox"/> Assessment outcome
<input type="checkbox"/> Suspension of enrolment	<input type="checkbox"/> Other

SECTION 4 – Complaint Details

Please tick the following areas to which your complaint relates:

<input type="checkbox"/> Training Materials	<input type="checkbox"/> Assessment Materials	<input type="checkbox"/> Services provided
<input type="checkbox"/> Training Facilities	<input type="checkbox"/> Assessment Facilities	<input type="checkbox"/> Personal conflict/Behaviour
<input type="checkbox"/> Training Content/information	<input type="checkbox"/> Assessment Environment	<input type="checkbox"/> Discrimination
<input type="checkbox"/> Training Environment	<input type="checkbox"/> Assessment Location	<input type="checkbox"/> Victimisation
<input type="checkbox"/> Training – Other	<input type="checkbox"/> Assessment - Other	<input type="checkbox"/> Privacy Breach
<input type="checkbox"/> Other (e.g. complaint outcome):		

Does your complaint involve another person? (e.g. Trainer/Assessor/Student) YES NO

If yes, please provide the name/s if available:

Does your complaint involve witnesses? YES NO

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If yes, please provide the name/s and contact details of witnesses who are willing to support your claim:

Name:		Name:	
Address:		Address:	
Tel/Mobile:		Tel/Mobile:	

Complaints & Appeals Lodgement Form

Please outline the nature/circumstances of your complaint/appeal:

What actions have you taken, to resolve this matter:

What action/resolution would you like to see occur/implemented:

Please attach evidence to support your complaint or appeal. You can also attach extra pages to write in detail about your complaint/appeal.

Admin Use Only

<input type="checkbox"/> Complaint & Appeal Form Received (Admin)	Initial		Date:	/	/
<input type="checkbox"/> Complaint & Appeal Lodgement recorded (Register)	Initial		Date:	/	/
<input type="checkbox"/> Letter of Acknowledgement sent	Initial		Date:	/	/
<input type="checkbox"/> Complaint/Appeal Forwarded to Director	Initial		Date:	/	/