

Complaints and Appeals Form

Details

Student Name:	
Student Number:	
Staff Name:	
Staff Position:	
Summary of Grievance or Evidence for Appeal	
Accompanying Documents:	
Staff Confirmation:	<input type="checkbox"/> Complaint or appeal received in writing <input type="checkbox"/> Complaints and Appeals for International Students explained to student Signed: _____ Date: _____

Student Meeting(s)

First Meeting:	
Date of meeting:	
Attendees:	
Summary of Discussions:	

Second Meeting:	
Date of meeting:	
Attendees:	
Summary of Discussions:	

Outcome

Date:	
Outcome and reasons for decision:	
Staff Confirmation:	<p>Student:</p> <p>Student happy with our decision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If no,</i></p> <p>Does the student wish to appeal externally? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Student advised of external appeal process? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Administration:</p> <p>Copy of complaints and appeals form given to student <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>SMS updated <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electronic/hard copy of grievance/complaint saved <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Signed: _____ Date: _____</p>
Further Actions: e.g. update policies	