

Complaint & Appeals Form (Part 1 – To be retained by student)

1. General Information

Please use this form if you would like to lodge a **complaint** or you would like to make an **appeal** about a decision Stanley College has made, including but not limited to:

- Assessment outcomes
- Disciplinary actions i.e. misbehaviour
- Attendance records
- Course fees
- Allegations involving conduct of Stanley College, our Trainers/Assessors, employees/staff, other learners/students and any third parties and their staff providing services on behalf of Stanley College.
- Notifications of Intention to Cancel your enrolment at Stanley College
- Notifications of intention to report you to DIBP/DES, and
- Other decisions directly or indirectly affecting you.

The Complaints and Appeals Process commences within **ten (10) working days** of receipt of the **complaint and/or appeal**, and will be reviewed by Director of Operations and/or General Manager, and may be referred to the CEO and any other relevant persons such as your Trainer. The Student Support Officer may invite you to a hearing or for further information. Meetings will be confidential and no data will be released to any third party, except where requested by an Australian Government authority. Stanley College aims to resolve complaints/appeals as quickly as possible, generally within *20 working days*. Should additional time be required, we will inform you in writing, detailing the reasons why additional time is required.

Details of your **complaint/appeal** is recorded and stored in your student file and Stanley College's student database. These records will be retained for five years during which you can request access to these records.

Your enrolment will be maintained throughout the *complaint/appeal* process and you are encouraged to continue to attend your classes.

Throughout the **complaint/appeal** process you will be able to, bring a friend or family member to all meetings and/or ask for a translator. Once a decision has been reached, you will be informed about the outcome of your **complaint/appeal**, in a written statement which will include details of the reasons for the outcome. If you are still not satisfied with the advice and outcome then you have the right to lodge a complaint/appeal to the Overseas Students Ombudsman.

For the information relating to the Overseas Students Ombudsman services, please visit www.oso.gov.au or phone **1300 362 072**. You can access Overseas Students Ombudsman services **FREE of cost**. An information booklet is available at Reception.

For more information, please refer to **Student Handbook**.

Please complete and sign the attached *Complaint & Appeal Form* and submit it to Stanley College via mail or in person or by email to studentservices@stanleycollege.edu.au to commence the process. If you have any further questions relating to the *complaint & appeal process* meet our Student Support Officer.

Note: If the internal or any external complaint handling or appeal process results in a decision that supports the student, Stanley College must immediately implement any decision and/or corrective and preventative actions required and advise the students of the outcome.

Document Name: CAFO_Complaints and Appeals Form	RTO : 51973	CRICOS Code : 03047E
Location: NovaCore CMS\DMS\Student Drive\Templates and Forms\		
Version: 2.4	Approved on: 27-02-2017	Review Date: 27-02-2018
		Page 1 of 3

Complaint and Appeal Form submitted on:

Received by:

Complaint & Appeals Form (Part 2 - Submitted to Stanley College)
2. Personal details

Student ID:

Student Name:

Course:

3. Contact Details

Mobile:

Email Address:

What is your current residential address?

Postcode:

Preferred contact method

 Telephone

 Letter

 Email

 Unknown

4. Appeal/Complaint Details

Reason for this APPEAL (Please tick)

- Assessment outcome, unit:
 Disciplinary action taken against you
 Attendance records
 Course fees
 Notice of Intention to Report you to DIBP/DES
 Notice of Intention to Cancel
 Other (please specify):

Reason for this complaint (Please tick)

- Staff member (please provide name):
 Services (please specify):
 Other (please specify):

Have you complained about this issue before?

 Yes, date:

 No

5. Appeal/Complaint Summary

 Please outline the reasons for your *appeal/complaint* and attach any evidence to support your complaint/appeal.

Attach additional pages as necessary

6. Acknowledgement

All of the information provided is true and correct to the best of my knowledge.

Name:

Signature:

Date

I am willing to attend a hearing with the Student Support Officer and the CEO of Stanley College if required.

 Yes

 No

7. Privacy notice			
The information provided on this form will be used exclusively to resolve your appeal/complaint. None of the information you provide on this form will be disclosed to anyone outside of this business without your permission, unless we are required to do so by law.			
8. OFFICE USE ONLY			
Receiving Staff Member:			Date
Complaint/appeal lodged:	<input type="checkbox"/> via mail	<input type="checkbox"/> by email	<input type="checkbox"/> in person
Appeal/complaint discussed with:			
Appeal Outcome	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	Confirmed by: _____ Date: _____
	Appeal Outcome Endorsed by: _____		Date: _____
	Appeal Outcome Endorsed by: _____		Date: _____
Proposed actions identified in panel meeting:			
Proposed actions communicated to student:	<input type="checkbox"/> via mail <input type="checkbox"/> In person <input type="checkbox"/> Other: _____ <input type="checkbox"/> Copy attached		Date
Student's response to proposed actions & outcome:	<input type="checkbox"/> accepts and agrees		File copy in Student's personal file
	<input type="checkbox"/> disagrees, student remains unhappy		Student Support Officer will contact student within 14 days to help student to access services of Overseas Student Ombudsman.
Implementation of proposed actions by:		Other (please list action/s taken, and who responsible)	
<input type="checkbox"/> Continuous Improvement Request <input type="checkbox"/> Counselling Record Form <input type="checkbox"/> Payment Plan Application Form <input type="checkbox"/> Referral to <input type="checkbox"/> Course Variation Application Form <input type="checkbox"/> Change of trainer to <input type="checkbox"/> Creation of agreement that the student has to adhere to			
I confirm all required action/s are completed: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name:	Signature:	Completion Date	