



## Internal Complaints and Appeals Form

<b>Personal Details:</b>	
<b>Full Name:</b>	
<b>Position of Complainant/Appellant:</b>	
<b>USI no:</b>	
<b>Phone No:</b>	
<b>Email:</b>	
<b>Address:</b>	
If the complainant is a student, please provide the following details	
<b>Student ID:</b>	
<b>Course Name:</b>	
<b>Date:</b>	
<b>Complaint/Appeal details: Please tick one option</b>	
<input type="checkbox"/> <b>Complaint Details</b> Date the cause of complaint occurred: ____/____/____  <b>Reason for the complaint:</b> <input type="checkbox"/> General Operations <input type="checkbox"/> Assessment <input type="checkbox"/> ESOS related complaint <input type="checkbox"/> Other, please specify	<input type="checkbox"/> <b>Appeals Details</b> Date to which this appeal refers to: ____/____/____  <b>Reason for the appeal:</b> <input type="checkbox"/> Assessment outcome <input type="checkbox"/> Discipline/misconduct <input type="checkbox"/> Any outcome of any application for request

**THE EARLY CHILDHOOD LEARNING COMPANY PTY. LTD. T/A ASTRAL SKILLS INSTITUTE OF AUSTRALIA**

ABN: 80 600 951 264

RTO: 41322

CRICOS: 03858C



Level-6, Suite 6.01/138 Queen Street,  
Campbelltown, NSW 2560



(02) 4608 9972



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www.asia.edu.au

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**Have you complained about the issue before?**

Yes     No

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

Any disciplinary action taken against you.

Other (please specify below)

### Complaint/Appeal Summary

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

(Provide explanation on how you believe this complaint can be resolved)

### Declaration

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.

I understand that if I am dissatisfied with the decision; I can seek assistance from external complaints handling body i.e. Overseas Student Ombudsman (OSO) which is free of cost.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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<b>*Office use: (*marked items to be filled up by staff or compliant handling party)</b>	
<b>*Receiving staff member:</b>	
<b>*Date:</b>	
<b>*Method of lodgements</b>	<input type="checkbox"/> Email <input type="checkbox"/> Mail
<b>*Name of the members empaneled to resolve the issue</b>	
<b>*Actions proposed by the panel/ determined resolution</b>	
<b>*Implementation of Proposed action by:</b>	<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"/> Referred to: <input type="checkbox"/> Other (Please specify)
<b>Date of Resolution</b>	
<b>*Outcome</b>	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful
<b>*Method to communicate the outcome with complainant/appellant</b>	<input type="checkbox"/> Email <input type="checkbox"/> Mail
<b>*Response complainant/appellant of</b>	<input type="checkbox"/> Agrees and accepts the decision made by the panel (The student signs the acceptance, and the record is placed in student's admin file)

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Disagrees and unhappy (ASIA will contact the student to help him/her to access services of Overseas Student Ombudsman)

**Declaration by complainant/Appellant (Please read and tick before signing it):**

I acknowledge that the outcome of the complaint/appeal lodged by me have been informed to me.

I agree with the decision made by the panel and I am happy to accept it.

OR

I disagree with 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: \_\_\_\_\_

**ASIA's representative:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

