

Internal Complaints and Appeals Form

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

THE EARLY CHILDHOOD COMPANY PTY. LTD. T/A ASTRAL SKILLS INSTITUTE OF AUSTRALIA (ASIA)

ABN: 80 600 951 264

RTO: 41322

CRICOS: 03858C



Head Office: Level 5, Suite 513A,
 Westfield Parramatta, NSW 2150



(02) 4608 9972



info@asia.edu.au
 www.asia.edu.au



<p>Have you complained about the issue before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give the date, the complaint was lodged:</p>	<p><input type="checkbox"/> Any disciplinary action taken against you.</p> <p><input type="checkbox"/> Other (please specify below)</p>
---	---

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: _____





ASIA

ASTRAL SKILLS INSTITUTE OF AUSTRALIA
RTO Code: 41322 | CRICOS No: 03858C

*Office use: (*marked items to be filled up by staff or compliant handling party)	
*Receiving staff member:	
*Date:	
*Method of lodgements	<input type="checkbox"/> Email <input type="checkbox"/> Mail
*Name of the members empaneled to resolve the issue	
*Actions proposed by the panel/ determined resolution	
*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"/> Referred to: <input type="checkbox"/> Other (Please specify)
Date of Resolution	
*Outcome	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful
*Method to communicate the outcome with the complainant/appellant	<input type="checkbox"/> Email <input type="checkbox"/> Mail
*Response of complainant/appellant	<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)
	<input type="checkbox"/> Disagrees and unhappy (ASIA will contact the student to help him/her to access services of Overseas Student Ombudsman)

THE EARLY CHILDHOOD COMPANY PTY. LTD. T/A ASTRAL SKILLS INSTITUTE OF AUSTRALIA (ASIA)

ABN: 80 600 951 264

RTO: 41322

CRICOS: 03858C



Head Office: Level 5, Suite 513A,
Westfield Parramatta, NSW 2150



(02) 4608 9972



info@asia.edu.au
www.asia.edu.au



ASIA

ASTRAL SKILLS INSTITUTE OF AUSTRALIA
RTO Code: 41322 | CRICOS No: 03858C

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 Representative:

Name: _____

Signature: _____

Date: _____

THE EARLY CHILDHOOD COMPANY PTY. LTD. T/A ASTRAL SKILLS INSTITUTE OF AUSTRALIA (ASIA)

ABN: 80 600 951 264

RTO: 41322

CRICOS: 03858C



Head Office: Level 5, Suite 513A,
Westfield Parramatta, NSW 2150



(02) 4608 9972



info@asia.edu.au
www.asia.edu.au