

## Student Complaints and Appeals Form

<b>Relevant Standards</b> SRTO 2015: 6.1, 6.2, 6.3, 6.4, 6.5, 6.6 The National Code 2018: Standard 3.3.7, 6.1.6, 7.5.2, 10.1, 10.2, 10.3, 10.4	<b>Linked Documents</b> Student Complaints and Appeals Policy and Procedure Anti-discrimination and Bullying Policy Access and Equity Policy Student Handbook
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This form should **ONLY** be used to lodge an official complaint about a matter which the student has found to be offensive, discriminatory or derogatory in any aspect of their student life at Aboard. For reporting general concerns – and not a specific complaint – please use a separate “Student Concern” form.

**CONFIDENTIAL DOCUMENT**

<b>Student ID</b>				
<b>Student Name</b>				
<b>Course/Group</b>				
<b>Grievance Type</b>	<b>Complaint</b>	<input type="checkbox"/>	<b>Appeal</b>	<input type="checkbox"/>

<b>Reason for or Nature of Complaint or Appeal - Background</b>				
<b>Describe any other steps or efforts taken to resolve the issue prior to making the formal complaint. Also describe the outcome/s.</b>				
<b>Person/s Involved in or Related to this Complaint or Appeal</b>				
<i>To fairly address the complaint or appeal and investigate, Aboard may need to speak to the person/s involved. Do you provide your consent to Aboard to discuss this complaint or appeal with them?</i>				
<b>Consent to Discuss</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>Your Complaint or Appeal Details</b> <i>(Please provide as much details as possible)</i> <b>Note:</b> Attach any supporting documents with this form as applicable.				

Attach additional sheets as needed.		
<b>Student Declaration and Signature</b>	<i>All the information I have provided in this form is true and accurate. I also understand that this complaint or appeal will be dealt with according to Aboard's relevant complaint handling policies and procedures.</i>	
		Date:

**ADMIN use only** (complete and enter in the Complaints and Appeal Register)

<b>Matter Referred to</b>	<input type="checkbox"/> CEO	<input type="checkbox"/> Academic Manager
	<input type="checkbox"/> Academic Manager	<input type="checkbox"/> Appeals Committee
<b>Comments of the Person Receiving the Form and Suggested Action</b>		
<b>Signature</b>		<b>Date:</b>
<b>Outcome</b> (complete after the complaint or appeal is fully resolved and update the register)		
<b>Continuous Improvement</b> (complete and forward a copy of this form to the Quality Assurance Committee)		
<b>Corrective Measures</b>		
<b>Preventative Measures</b>		