AUSTRALIAN INSTITUTE OF SCIENCE & TECHNOLOGY.

RTO Code: 30645 | CRICOS Code: 03677G

COMPLAINTS AND APPEAL FORM

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COMPLAINTS AND APPEAL FORM

ABOUT THIS FORM

This form is to be utilised for filing complaints and grievances or appealing in contradiction of an Academic or Non-Academic decision made by (Institution Name).

The ESOS National Code 2018 Standard 10 and the Standards for RTOs 2025 - Outcome Standard 2.7 require an RTO to have an internal system in place to record, acknowledge and deal with complaints and appeals by potential and enrolled students, employees of the RTO and third parties related to RTO.

Please not that by filling this form you will be lodging a formal complaint or appeal. You can report issues related to harassment, discrimination, unfair treatment regarding conditions of training situations by the trainers, assessors, other staff, assessment outcome and/or work situations, a third-party providing services on behalf of (Institution Name), and learners of (Institution Name).

Your complaint or appeal will be acknowledged in writing within 7 days and finalised as soon as practicable but not more than 60 calendar days.

Please refer to Complaint and Appeal policy and procedure available on our website (Website Link) and in your student handbook.

STUDENT DETAILS

Student Full Name	
Student ID	
Email	
Phone	
Enrolment Status	☐ Potential ☐ Currently Enrolled
Course if currently	

NATURE OF COMPLAINT / GRIEVANCE / APPEALS	
Type of Complaint / Grievance / Appeal of people involved. Attach any relevant information or documents to support your complaint or grievance. You can use extra sheet if required.	☐ Academic ☐ Non-Academic

STUDENT DECLARATION			
I declare that the documents and information I have provided in this form is true and correct. I understand that this complaint or appeal will be dealt with according to (Institution name) Complaint and Appeal Policy and Procedure. I understand that records relating to this complaint or appeal will be retained securely for a minimum of five (5) years, in line with Standards for RTOs 2025.			
Student Signature		**Date**	

ADMIN USE ONLY	
Admin Officer name	
Date of Receipt	
Complaint Forwarded to Complaints and Appeal Committee	☐ Yes ☐ No

COMPLAINTS AND APPEAL COMMITTEE ONLY			
Type of action taken	☐ Meeting ☐ Investigation ☐ Interviews ☐ Formal Hearing		
Please describe your complaint/appeal clearly. Attach any relevant documents. If additional space is required, attach a separate sheet.			
Do the outcome of decision require external referral	☐ Yes ☐ No	Date of referral	

Recorded the decision	☐ Yes ☐ No	Date of Decision	
Informed the student about the decision	☐ Yes ☐ No	Date of Email	
Name (s) of Authorised Member of C&A Committee		Signature of the Authorised C&A Committee Member	

Note: *Please send the completed form at (PLEASE PUT YOUR INSITITUE EMAIL ID)*

PRIVACY NOTICE
The information you provide on this form is collected and held by (Institution name) for administrative purposes and activities associated with your enrolment. (Institution name) will not disclose your personal information without your consent and without due cause, except as required by law, Government regulations or for the normal operational activities of the College.