

# Complaint and Appeal Form

Version 1.2



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## Student's Personal Details

Please tick:	<input type="checkbox"/> I am a Shafston student	<input type="checkbox"/> I am not Shafston student	Request Date:	
Full Name:			Email Address:	

## 1. Details of accredited institution

I \_\_\_\_\_ would like to make  an appeal or  complaint about  
\_\_\_\_\_ or \_\_\_\_\_  
(name of the accredited provider) (name of the person/s)

My student number is \_\_\_\_\_ or  I am not a student

I am enrolled in the following course(s): (Please complete below) or  I am not a student

## 2. Complaint/ Appeal

Type of complaint /appeal please tick the main type(s) or issue(s) your appeal/ complaint relates to:

<input type="checkbox"/> Course information	<input type="checkbox"/> Staff qualifications or skills
<input type="checkbox"/> Cost information or procedures relating to financial matters	<input type="checkbox"/> Enrolment procedures
<input type="checkbox"/> Program content or structure	<input type="checkbox"/> Student support and guidance
<input type="checkbox"/> Equipment or teaching resources	<input type="checkbox"/> Release request denied
<input type="checkbox"/> Agent matter	<input type="checkbox"/> Refund request denied
<input type="checkbox"/> Other (please list below) nb: for Academic related appeals/complaints please complete the Student Complaints and Appeals for Academic Decisions Form	

## 3. Complaint/ Appeal details

Please provide specific details of what your complaint/appeal is about and when the matter involved occurred. Providing as much detail as possible will assist us in investigating your complaint. If necessary you may attach an extra page to this form.

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## 4. What is your desired outcome from your complaint/appeal?

## 5. Authorisation

I hereby authorise Shafston International Pty Ltd to proceed with the investigation of my appeal/complaint..

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

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

## 6. Complaint/ Appeal Action:

Office Use Only	
Complaint/Appeal received by:	Staff Signature:
Received Date:	
Complaint/ Appeal Addressed by:	
Meeting Date and Attendees (if applicable):	
Outcome of meeting of complaint/ appeal	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful
Date that the letter detailing appeal/ complaint outcome was sent	
If complaint/appeal is successful, action has been taken to rectify and by whom:	
If complaint/appeal is unsuccessful was student notified in letter of their right to a further appeal and/or an external appeal:	
Officer who sent letter detailing outcome:	
Comment:	

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## 6. Complaint/ Appeal Outcome

6.1 Details of the outcome of the appeal/ complaint

6.2 Reasoning to the decisions towards the outcomes of the appeal/complaint

6.3 Does the student wish to appeal the outcome of the appeal/complaint?

(If the student wishes to appeal the outcome of an appeal they will need to provide further information or evidence to submit a further appeal. Students may wish to lodge an external appeal if no further evidence can be provided.)

6.4 Additional notes:

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## 7. Authorisation:

- This complaint/appeal process has been completed and all parties involved have been informed of any changes in practice or operations where/when necessary
- This matter is still yet to be resolved
- The student wishes to lodge an External Appeal

Comment:

**General Manager Signature:** \_\_\_\_\_

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

