

Complaint and Appeal Form

FRM-CA01 Use this form to lodge a formal complaint or appeal an assessment or other decision. This form covers both academic and non-academic matters. Please refer to the Complaints and Appeals Policy (OPOL009) before completing this form.



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Section A – Personal Details

Student ID No.:		Date of Birth:		Date of this form	
Family Name:			Given Name:		
Email Address:			Phone No.:		

Section B: Shafston International College Course Details

Course Code:		Campus:	<input type="checkbox"/> Sydney	<input type="checkbox"/> Brisbane	<input type="checkbox"/> Gold Coast
Course Name:					
I am a:	<input type="checkbox"/> Current Shafston Student	<input type="checkbox"/> Former Shafston Student	<input type="checkbox"/> Other(specify): _____		
This is a:	<input type="checkbox"/> Complaint(new issue)	<input type="checkbox"/> Appeal (of a previous decision)			

Section C: Type of Complaint or Appeal

Please tick the category that best describes your complaint or appeal (you may tick more than one):

Academic / Assessment

- Assessment result or decision
- RPL (Recognition of Prior Learning) decision
- Credit transfer decision
- Marking or grading
- Course progress or academic decision
- Training delivery or learning resources

Administrative / Service

- Course information or enrolment
- Fees, charges, or refund
- Customer service or administration
- Staff qualifications or conduct
- Agent matter
- Personal safety or wellbeing

Discrimination / Harassment

- Discrimination or harassment
- Bullying
- Vilification (including antisemitism, Islamophobia, racial or religious vilification)
- Sexual harassment

Other

- Suspension or cancellation of enrolment
- Release or transfer request denied
- Refund request denied
- Other (please describe in Section C)

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Section D: Details of Complaint or Appeal

Please provide specific details of your complaint or appeal, including what happened, when it occurred, and who was involved. Attach additional pages if needed.

What happened?

When did it occur? (dates & time)

Who was involved?

Have you already tried to resolve this? If so, what steps have you taken?

If this is an appeal of a previous decision, which decision are you appealing and why?

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Section E: Desired Outcome

What outcome are you seeking from this complaint or appeal?

Section F: Supporting Evidence

Please list any documents or evidence you are attaching to support your complaint or appeal:

No.	Document Description
1	
2	
3	
4	
5	
6	
7	
8	

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Section G: Student Declaration

By signing this form, I declare that:

- The information provided in this form is true and accurate to the best of my knowledge.
- I understand that Shafston will investigate my complaint or appeal fairly, confidentially, and impartially.
- I understand that I will be advised of the outcome in writing, including the reasons for the decision.
- I understand that my enrolment will be maintained while my complaint or appeal is being processed, unless there are health or safety concerns.
- I understand that I may seek external review if I am not satisfied with the internal outcome (see Section H below).

Applicant Name		Date	
Applicant Signature			

Section H: Your Rights

Timeline: Your complaint will be acknowledged within 5 business days. You will receive a written outcome within 20 business days.
If you appeal, the appeal outcome will be provided within 20 business days.

Enrolment: Your enrolment will be maintained while your complaint or appeal is being processed, unless there are extenuating health or safety concerns.

Support person: You may be accompanied by a support person or nominee at any stage of the process.

Section I: External Review Options

If you are not satisfied with the outcome of the internal process, you may contact:

- National Training Complaints Hotline: 13 38 73
- Overseas Students Ombudsman: www.ombudsman.gov.au (international students)
- Anti-Discrimination Commission Queensland: 1300 130 670 | www.adcq.qld.gov.au
- Australian Human Rights Commission: 1300 656 419 | www.humanrights.gov.au

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Section I: For Office Use Only

Processed By
Date:
Acknowledgement Sent (within 5 BD)
Date:
Assigned To (Investigator)
Investigation Method
<input type="checkbox"/> Interview <input type="checkbox"/> Meeting <input type="checkbox"/> Document Review <input type="checkbox"/> Mediation
Meeting Date (s)
Attendees

Record entered in Continuous Improvement Register: Yes Date: _____

Outcome	
<input type="checkbox"/> Upheld (complaint/appeal successful) <input type="checkbox"/> Not upheld	
Outcome Details	
Reasons for Decision	
Corrective Action Taken (if any)	
Written Outcome Sent to Student	Written Outcome Sent to Student
Date: _____	<input type="checkbox"/> Yes (internal appeal) <input type="checkbox"/> Yes (external review) <input type="checkbox"/> N/A

Student wishes to appeal?
<input type="checkbox"/> No <input type="checkbox"/> Yes - internal appeal <input type="checkbox"/> Yes - external review
Internal Appeal Reviewed By
(independent of original decision)
Appeal Outcome
Appeal Outcome Sent to Student
Date: _____
Appeal Outcome
<input type="checkbox"/> This complaint/appeal has been completed and all parties informed. <input type="checkbox"/> This matter is still in progress. <input type="checkbox"/> The student wishes to lodge an external review.
Academic Manager / PEO
Signature _____
Date: _____