



COMPLAINT, GRIEVANCE, APPEAL FORM

1. COMPLAINANT DETAILS *(please complete relevant details)* See 2.1 below to find out where to send your completed form.

Name	Ph No - (add area code if not a mobile)
Student ID	Email @students.koi.edu.au
Course Name	
Date	Most recent trimester of study Trimester _____ Year _____

2. DESCRIBE YOUR COMPLAINT/GRIEVANCE/APPEAL

Complaint *(1st notification of your dissatisfaction or of an issue that has occurred)*

Grievance / Appeal *(Application to have the outcome of a complaint reviewed because you are not satisfied or believe the process followed regarding your complaint was not managed appropriately.)*

Is your issue Financial Academic Other *(please identify your issue below)*

2.1 Send this form to: accounts@koi.edu.au academic@koi.edu.au reception@koi.edu.au *(Reception will forward your complaint to the appropriate person)*

Other: _____

Detailed description of the Complaint or Grievance/Appeal (the issues and any action/outcomes to date) (include dates and names of people involved – use and attach additional page(s) if needed)

If this is a Grievance/Appeal, please explain why you are making it.

Have you attached any supporting evidence? Yes No *(If yes, please list. If no, can you explain why not)*

3. DECLARATION

I have read and understood and understood the Complaints Policy and believe I have reasonable grounds for complaint or lodging a grievance/appeal.
I understand that lodging this complaint/grievance/appeal does not guarantee me the outcome I desire.
I certify that the information I have provided is true and accurate.

Name	Student Number (if a student)
Signature	Date

If you remain dissatisfied with the Internal complaints and appeal process, you have the right to access avenues of External Appeal. Please see the *Complaints Policy* for details. **Please note:** fees may be applied by the External body.

You will be advised of the outcome of your complaint/grievance/appeal within the timeframes stated in the Complaints Policy.



OFFICE USE ONLY

Form Received/...../..... **Time** **by**
(please print name)

Complaint Action/Response:

Complaint referred to **Date**/...../..... **Time**

Outcome *(including reasons)* *(please attach any relevant documents and additional pages if necessary)*

...../...../.....
(Name – please print) *(Position)* *(Signature)* *(Date)*

Email sent to complainant **Date**/...../..... **Copy on File**/...../.....

Grievance/Appeal Action/Response:

Original Decision on file: YES NO

Comments: _____

Subsequent Action Taken / Recommended

...../...../.....
(Name – please print) *(Position)* *(Signature)* *(Date)*

Complainant advised of Outcome? Yes **Date**/...../.....

Additional comments?
