



Student Complaints and Appeals Form

Relevant Standards 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	Linked Documents Student Complaints and Appeals Policy and Procedure Anti-discrimination and Bullying Policy Access and Equity Policy Student Handbook
--	---

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 SLIT. For reporting general concerns – and not a specific complaint – please use a separate “Student Concern” form.

CONFIDENTIAL DOCUMENT

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

Reason for or Nature of Complaint or Appeal - Background	
---	--

Describe any other steps or efforts taken to resolve the issue prior to making the formal complaint. Also describe the outcome/s.	
--	--

Person/s Involved in or Related to this Complaint or Appeal	
--	--

To fairly address the complaint or appeal and investigate, SLIT may need to speak to the person/s involved. Do you provide your consent to SLIT to discuss this complaint or appeal with them?

Consent to Discuss	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
---------------------------	------------	--------------------------	-----------	--------------------------

Your Complaint or Appeal Details <i>(Please provide as much details as possible)</i> Note: Attach any supporting documents with this form as applicable.	
--	--



Attach additional sheets as needed.		
Student Declaration and Signature	<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 SLIT's relevant complaint handling policies and procedures.</i>	
		Date:

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

Matter Referred to	<input type="checkbox"/> CEO	<input type="checkbox"/> Academic Manager
	<input type="checkbox"/> Academic Manager	<input type="checkbox"/> Appeals Committee
Comments of the Person Receiving the Form and Suggested Action		
Signature		Date:

Outcome (complete after the complaint or appeal is fully resolved and update the register)

--

Continuous Improvement (complete and forward a copy of this form to the Quality Assurance Committee)

Corrective Measures	
Preventative Measures	