Student Complaints and Appeals Form

Notes:

a. *Before you lodge a formal complaint*, please make sure that you have followed either Step 1 or 2, of the Complaints and Appeals procedure.
b. Ensure you provide evidence to support your complaint/appeal.
c. Complainants will be notified of the outcome within ten (10) working days of Boston Institute receiving the completed form.

STUDENT DETAILS			
Given Name(s)		Family Name	
Student Number		Contact Number	
Postal Address			
Email		Course Enrolled	

This is a complaint ☐

Reason for this complaint – please tick

☐ Teacher (please provide name):_____

☐ Staff Member (please provide name):_____

☐ Services (please specify):_____

☐ Other:_____

Have you complained about this issue before?

☐ Yes, date:_____ ☐ No

This is an appeal ☐

Appeal details-please tick

☐ Academic Misconduct ☐ Notice of Intention to Report

☐ Assessment Outcome ☐ Notice of Intention to Cancel

☐ Attendance Records ☐ Course Withdrawal

☐ Course Fees ☐ Other _____

Appeal's must be lodged within 20 working days of initial result received.

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DESCRIBE YOUR COMPLAINT / APPEAL* Please outline the reasons for your Complaint / Appeal and attach any supporting evidence or documentation.
_____ _____ _____ _____

OUTCOME OF THE COMPLAINT / APPEAL
_____ _____ _____ _____ _____ _____ _____ _____ _____

DECLARATION	
I _____ (Student's Name) certify, that I have read and understand the Complaints and Appeals process. I confirm the information provided in this form is true and correct and to the best of my knowledge.	
Signature:	Date:

PRIVACY NOTICE
The information provided on this form will be used solely to resolve your complaint / appeal. The information provided on this form will not be discussed with any person(s) outside external to Boston Institute without your permission, unless we are required to do so by law.

OFFICE USE ONLY

ABN: 99 654 736 688
Address: Level 4, 60 York Street, Sydney, NSW 2000
Phone: 02 9836 6427
Website: www.bostoninstitute.nsw.edu.au | Email: info@bostoninstitute.nsw.edu.au | CRICOS Code: 04068C

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Receiving staff member:		Date:	
Complaints/Appeals Outcome:	☐ Successful ☐ Unsuccessful		
I confirm all required action has been completed and the complainant has been informed of the outcome: ☐ Yes ☐ No			
Staff Members Name:		Date:	
Signature:		Scanned &Filed:	☐ Yes ☐ No

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