

## Complaints & Appeals Feedback Form

This form is intended for current or former students who wish to submit a formal complaint or appeal a decision made by the RTO. All submissions will be handled in line with our Complaints and Appeals Policy and the Standards for RTOs 2025.

### Section 1: Student Details

|                   |  |            |  |
|-------------------|--|------------|--|
| Full name         |  |            |  |
| Date              |  | Student ID |  |
| Email contact     |  |            |  |
| Phone contact     |  |            |  |
| Course Title/Code |  |            |  |
| Trainer/Assessor  |  |            |  |

### Section 2: Submission Type

|   |   |
|---|---|
| <input type="checkbox"/> <b>Complaint</b> | (concerns about services, staff conduct, access to resources, facilities, unfair treatment, etc.) |
| <input type="checkbox"/> <b>Appeal</b>    | (disputes about decisions made—e.g. assessment outcomes, RPL results, disciplinary actions)       |

### Section 3: Incident/Decision Details

| Detail                    | Information |
|---------------------------|-------------|
| Date of Incident/Decision |             |
| Location (if relevant)    |             |
| Names of Persons Involved |             |

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### Section 4: Description of the Issue

Please provide a detailed explanation of your complaint or appeal. Include what happened, when it happened, and the impact on you:

### Section 5: Outcome You Are Seeking

Please describe what you would like to see happen as a resolution:

### Section 6: Supporting Documentation

Please list any evidence you are submitting (emails, screenshots, assessments, communications, etc.):

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

☐ I have attached supporting evidence.

☐ No evidence is available at this time.

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### Section 7: Declaration

I declare that the information provided in this form is true and accurate to the best of my knowledge. I understand this complaint/appeal will be dealt with fairly and in confidence. I acknowledge that lodging this form will not affect my enrolment status or training progress unless advised otherwise.

|                          |  |
|--------------------------|--|
| <b>Student Signature</b> |  |
| <b>Date</b>              |  |

### Section 8: RTO Office Use Only

| Field                                    | Detail   |
|--|--|
| <b>Received By (Staff Name)</b>          |  |
| <b>Date Received</b>                     |  |
| <b>Complaint/Appeal Reference</b>        |  |
| <b>Acknowledged on (Date)</b>            |  |
| <b>Action Taken</b>                      |  |
| <b>Outcome Provided</b>                  |  |
| <b>Date Outcome Communicated</b>         |  |
| <b>Further Action Required?</b>          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Referred to Independent Reviewer?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Staff Handling This Case</b>          |  |
| <b>Finalised On</b>                      |  |

Please submit this form to Student Services Officer in campus or email to [studentservices@mia.edu.au](mailto:studentservices@mia.edu.au)