

Formal Grievance Form

Grievance Process

The Grievance Process is summarised below, however for the full policy:

- Domestic students and Clinic Clients should refer to the [Grievance Policy - Domestic Students - Higher Education](#)
- International students should refer to the [Complaints and Appeals Policy – International](#)

Stage 1 – Informal Resolution Process: You attempt to resolve the grievance informally and amicably at an early stage. This can be done through speaking directly with a member of student support or academic staff or systematised and lodged via the Quality Feedback Monitor which can be accessed via the student ePortal.

Stage 2 – Formal Resolution Process: You have been unable to resolve the grievance informally. The formal grievance procedure begins when you state in writing, using this form, that you have a grievance and submit the completed form directly to the Director, Student Services & Retention via Student Administration.

Stage 3 - Appealing the Original Decision: If you are dissatisfied with the outcome of your grievance, you may lodge an appeal with the Director of Education (for academic grievances) or Director, Student Services & Retention (for non-academic grievances) within 20 working days of being informed of the decision. Your appeal MUST detail the reasons for the appeal. The Director of Education and the Director, Student Services & Retention are responsible for reviewing appeals relating to formal grievances and convening the Complaints or Decision Review Committees.

Stage 4- External Independent Review: If you are dissatisfied with the outcome of your appeal, you may make a written request to the Director of Education or the Director, Student Services & Retention for an independent external review of the decision. You will be provided with access to an external independent review of the grievance decision. Charges may apply for these services.

1. PERSONAL DETAILS

Select one option Clinic Client Student (**provide student number**)

Campus

Title Given Name Family Name

Postal Address

Suburb State Postcode

Phone Number

Email

Course (if student)

2. GRIEVANCE DETAILS

What does your grievance relate to?

- | | | |
|--|---|--|
| <input type="checkbox"/> Bookstore | <input type="checkbox"/> Clinic | <input type="checkbox"/> Course Transition |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> General Feedback | <input type="checkbox"/> Library |
| <input type="checkbox"/> Student Finance | <input type="checkbox"/> Student Support & Services | <input type="checkbox"/> Teaching & Learning |
| <input type="checkbox"/> Other (Please describe) | | |

What steps, if any, have you taken to resolve your grievance with the College?

Please include supporting documentation where applicable. In the table below, include the date(s) of each event, names and titles of staff or committee members involved, and the document reference number (e.g.: doc 1, doc 2, etc.) for each supporting document. Attach additional sheets as necessary.

Date(s)	Event Details	Document Reference

If you have made no attempt to resolve your grievance with the College before now, please explain why:

Privacy Details

In compliance with the Privacy Amendment (Private Sector) Act 2000, the information on this form will only be used for purposes associated with this application. Information collected is used solely for the purpose of assisting the College to make an informed decision on your case, and will not be disclosed unless authorised by you or your agent, or required by law.

3. DECLARATION

I (the undersigned), hereby affirm the information provided in this form to be true and correct. I authorise the College to obtain further information with respect to my grievance and, if necessary, to investigate the legitimacy of my claims.

Student or Clinic Client's Full Name

Signature

Date

OFFICE USE ONLY

Received by (name)

Date received

Activity created and details entered into SMS

Yes

Grievance type

Academic

Non-academic

Forwarded to

Date forwarded
