



### COMPLAINTS AND APPEALS APPLICATION FORM

This form is for international students only.  
Please read the Complaints and Appeals Policy before completing this document.

|                          |
|--------------------------|
| OFFICE USE ONLY          |
| Received by: _____       |
| Signature: _____         |
| Date: ____ / ____ / ____ |

|                        |        |                     |  |
|------------------------|--------|---------------------|--|
| <b>STUDENT DETAILS</b> |        | Student ID Number:  |  |
| Student Surname        |        | Student Given Name: |  |
| Student DOB:           |        | Mobile:             |  |
| Address:               | Email: |                     |  |
| Course Code and Title  |        |                     |  |

This application is regarding a: *(tick appropriate box)*

Complaint  
 Appeal

Date of Complaint / Appeal received:

Details of complaint /appeal *(please detail full reasons for complaint/appeal)*

Steps taken to resolve complaint

What supporting evidence have you attached to this document?

I hereby declare that the above information is true and correct to the best of my knowledge

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please return this form to the International Student Coordinator(ISC)/General Manager**



| <b>OFFICE USE ONLY</b>   |  |
|--|--|
| <b>To be completed by International Student Coordinator (ISC) /General Manager</b>   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><br>Comment:  |
| Supporting evidence was supplied:  |  |
| Decision by International Student Coordinator (ISC) /General Manager must be completed within the timelines in the complaints / Appeal policy. |  |
| Outcome of the Investigation   |  |
| Date:  |  |
| Has the outcome been communicated to the student   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| Student satisfied with the outcome   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| If No, refer to external appeal process  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| <b>APPEALS</b>   | International Student Coordinator (ISC)/General Manager to complete this section if the student accesses the external appeal process |
| Date of application for external appeal:   |  |
| Name of External Appeal Adjudicator:   |  |
| Decision by External Appeal Reviewer<br>Has the outcome of the appeal letter been provided to the student?                                     |  |
| Comments by International Student Coordinator (ISC)/General Manager  |  |
| International Student Coordinator (ISC)/General Manager/appointed representative   |  |
| Signature:   |  |
| Date:  |  |

**\*\*Note to JTI staff: Ensure a copy of this completed form is issued to the student and retained on file.**