



Australian Skills Centre Pty Ltd t/as Austech Business Institute
ACN: 132 817 997 | ABN 95 132 817 997
RTO Provider Code: 91744 | CRICOS Provider Code: 03249F
Suite 1, Level 1 70 – 76 Princes Highway, Arncliffe, NSW 2205, Australia
Tel: (02) 9599 7000 | E-mail: info@ausbizi.edu.au
www.ausbizi.nsw.edu.au

Academic Formal Complaints and Appeals Form

If you have an academic complaint or appeal request that you wish to make formally i.e. in writing, please complete and submit this form to Student Administration, stating your issue and outcomes you are seeking. For more information on Appeals and Complaints, please refer to the Student Handbook.

NOTE: Academic matters include complaints and appeals in relation to student progress, assessment, curriculum and awards in a course.

Personal Details			
Student USI			
Family Name		Other Name	
Email Address		Contact number	
Course information			
Course Code		Course Name & Unit	
Course Location			
Purpose of submitting this form			
<input type="checkbox"/> Formal Complaint	<input type="checkbox"/> Formal appeal request resulting from an unresolved academic issue through ABI internal dispute resolution		
Please select from the following categories which best relates to your complaint			
<input type="checkbox"/> student progress	<input type="checkbox"/> delivery	<input type="checkbox"/> curriculum	
<input type="checkbox"/> Assessment or outcomes	<input type="checkbox"/> Trainer and assessor	<input type="checkbox"/> Other, please explain -----	
Please provide details regarding your complaint or appeal request including date/s, people involved etc. Attach additional information, evidence and/or any notes.			
If you are making a formal appeal request please advise how you have attempted to resolve this matter previously. Attach any supporting information including dates of discussions, people contacted, discussions and outcomes			



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Please specify what action you would like ABI to consider/take in relation to your complaint or appeal

Declaration (if sending via email, you do not need to complete this section as your email is confirmation of this declaration)

I declare that all information provided on this form is true and correct

Signature:

Date:

1. ABI will contact you by phone and through a letter acknowledging receipt of your formal notice and to organise a meeting of parties to attempt a resolution through ABI Internal Dispute Resolution (IDR) processes.
2. There is no charge for using IDR and ABI will provide you with a written notification of the resolution agreements and actions.
3. If at the conclusion of the IDR you are not satisfied it is recommended that you use the external Dispute Resolution (EDR) processes made available by ABI (please refer to your handbook or to the RTO website for details) or utilize your own EDR.
4. Note that charges apply for External Dispute Resolution service providers.
5. The use of ABI Complaints and Appeals Policy and Procedure does not remove the right of the complainant to seek their own independent resolution at any time, use their own legal representation or use any legislative mechanism available.

OFFICE USE ONLY

Date received		Received by	
Approved/Declined	Name:	Position	Date
Processed by Student Administration Y/N	Letter sent Y/N	SRM updated	Continuous Improvement System Activated Y/N