



COMPLAINTS AND APPEALS FORM

PART A — TO BE COMPLETED BY STUDENT / APPLICANT

SECTION 1 — Type of Application (Clause 13 — Complaints & Appeals)

QMS Requirement: Applications must be classified before processing. Complaints and Appeals follow different resolution pathways.

Please tick **ONE** box:

- COMPLAINT** — A concern about a service, staff conduct, learning environment or administrative matter.
- APPEAL** — A formal request to review a decision already made (e.g. assessment outcome, enrolment, disciplinary action, refund).

SECTION 2 — Student / Applicant Personal Details

Full Name:	_____
Date of Birth:	___/___/___
Student ID:	_____
Course Code:	_____
Course Name:	_____
Phone Number:	_____
Email Address:	_____
Postal Address:	_____
Position (if not student):	_____

SECTION 3 — Informal Resolution Attempt (Mandatory under QMS)

QMS Requirement: Students must attempt to resolve matters informally before formal lodgement where practicable.

Have you attempted to resolve this informally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes — who did you contact?	Name / Position: _____
Date of contact:	___/___/___
Outcome of that discussion:	_____



SECTION 4 — Complaint / Appeal Details

4A — Complaint Details (complete only if Type = Complaint)

Date of incident / cause: ___/___/___

Reason for complaint (tick ALL that apply):

- Staff conduct / behaviour Academic / assessment matter Services / administration
 Fees / refund Discrimination / harassment Academic integrity Other: _____

Have you raised this complaint previously? Yes No

If Yes — date previously lodged: ___/___/___

4B — Appeal Details (complete only if Type = Appeal)

Date of original decision: ___/___/___

Reason for appeal (tick ALL that apply):

- Assessment outcome Application / enrolment outcome Disciplinary action
 Refund / fees decision Other: _____

SECTION 5 — Complaint / Appeal Summary

Please give a detailed explanation of your complaint or appeal:

SECTION 6 — Desired Outcome

What outcome are you seeking? (e.g. reassessment, refund, apology, reconsideration of decision, policy change)

SECTION 7 — Supporting Evidence

QMS Requirement: Evidence-based decision making. Attach all relevant documents and tick each item that applies.

Supporting evidence attached (tick all that apply):

- Assessment task / results Emails / written communications Medical or supporting documentation
 Enrolment or fee records Witness statement(s) Other: _____



SECTION 8 — Reference (Office pre-fills on receipt)

Case / Reference No: _____	Date Received: ___/___/____	Received By: _____
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SECTION 9 — Student Declaration

Please read each statement and tick to confirm:

- All information provided in this form is correct and accurate to the best of my knowledge.
- I am willing to attend any meeting required to assist in resolving this matter.
- APPEALS:** I understand that appeals must be lodged within **20 working days** of the date of the original decision.
- I understand I have the right to access MACI's Complaints and Appeals Policy, including external appeal options (e.g. National Training Complaints Hotline, Ombudsman) if not satisfied with the outcome.
- I understand all information will be handled confidentially under the MACI Privacy Policy and the Privacy Act 1988.

Signature: _____	Date: ___/___/____
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PART B — OFFICE USE ONLY (Staff Only — Do Not Write in This Section)

RECEIPT & ASSIGNMENT		
Complaint/Appeal Ref No:	Date Received: ___/___/___	Received By (Print): _____
Assigned To: _____	Target Response Date: ___/___/___	Acknowledged to Student: ___/___/___

VALIDITY ASSESSMENT
Assessment of Application: <input type="checkbox"/> Valid <input type="checkbox"/> Invalid If Invalid — reason: For Appeals — lodged within 20 working days? <input type="checkbox"/> Yes <input type="checkbox"/> No Grounds for extension considered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

INVESTIGATION SUMMARY
Summary of investigation (steps taken, persons consulted, evidence reviewed):

OUTCOME	
Decision: <input type="checkbox"/> Upheld <input type="checkbox"/> Partially Upheld <input type="checkbox"/> Not Upheld	
Action(s) taken / outcome communicated to student: 	
Date Finalised: ___/___/___	Student Notified (date): ___/___/___

ESCALATION / EXTERNAL APPEAL PATHWAY
Did student request further internal review? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did student pursue an external pathway? <input type="checkbox"/> Yes <input type="checkbox"/> No
External body (if applicable): <input type="checkbox"/> Nat. Training Complaints Hotline <input type="checkbox"/> Ombudsman <input type="checkbox"/> Other: _____



CONTINUOUS IMPROVEMENT LINKAGE (Outcome Standard 4)

Does this matter require a CI action? Yes No

If Yes — CI action description:

Recorded in CI Register? Yes No

CI Register Reference No: _____

AUTHORISING OFFICER SIGN-OFF

Name (Print):

Position:

Signature:

Date:

___/___/____

This form must be retained securely for a minimum of 5 years in accordance with MACI Records Management Policy and the Privacy Act 1988.