



Student Complaints and Appeals Form

This form is to be completed should you wish to (1) lodge a formal complaint or grievance, or (2) appeal against an ACS decision. Prior to lodgement of this form, all students should read the **ACS Complaints and Appeals Policy and Procedures**.

All formal complaints and appeals will be investigated in accordance with ACS Complaints and Appeals Policy and Procedures. Assessment of all student complaints and appeals will commence within 10 working days of lodgement of this form. ACS will aim to finalise an outcome as soon as practicable (normally within 20 working days) and all outcomes and delays will be conveyed to the student in a timely manner.

Please complete **ALL** sections of this Form and submit it with any supporting evidence/documentation to education@acs.org.au.

Given Name	
Surname	
Student ID Number	
Email	
Mobile	
Delivery Partner	
Program/Course of Study	

1. This submission relates to the following: Select TWO (✓)

(✓)	A complaint/grievance relating to:
	1. The overall quality and service levels received whilst undertaking the course
	2. Unfair or unethical behaviour on the part of a trainer or delivery partner
	3. A 'breach' of the ACS Student Code of Conduct by another party
	4. Unfair suspension or termination from the program by a delivery partner
	5. None of the above
(✓)	An appeal relating to an ACS decision regarding:
	1. A formal warning for unsatisfactory academic progress
	2. My withdrawal from a course/program due to academic misconduct
	3. My cancelled enrolment due to a breach to the ACS Student Code of Conduct
	4. An unresolved complaint through the informal and formal complaints procedures
	5. A rejected refund or leave request
	6. None of the above



2. What are the grounds for your complaint/appeal? Select all that apply (✓)

(✓)		
	1. Delivery Partner Policies and Procedures were/are not properly followed.	Partner
	2. Delivery Partner decision/outcome was based on insufficient or inaccurate information.	
	3. My Delivery Partner did not inform me of policies or requirements	
	4. ACS Policies and Procedures were/are not being properly followed.	ACS
	5. ACS decision/outcome was based on insufficient or inaccurate information.	
	6. ACS did not inform me of policies or requirements.	
	7. New or additional information is available.	Other
	8. The decision was unfair.	
	9. Other.	

3. Please provide further details regarding your current complaint/appeal process:

TRUE	FALSE		
		1. I have lodged a complaint/appeal with my delivery partner.	Partner
		2. I have received an outcome from lodging a complaint/appeal with my delivery partner.	
		3. I am unsatisfied with the outcome of my complaint/appeal with my delivery partner	
		4. I have previously notified ACS of my delivery partner complaint/appeal.	
		5. I have lodged a complaint/appeal with ACS previously.	ACS
		6. I am unsatisfied with the outcome of my previous complaint/appeal with ACS.	
		7. I have notified my delivery partner of my ACS complaint/appeal.	
		8. I have attempted to resolve my complaint informally with related parties (e.g. trainer, internship host, etc.) via talks, emails, or SMS.	Other
		9. I have reported this complaint/appeal to a third party, agency, or body.	

4. Please explain your grievance or appeal and the reasons for your submission. You should provide information and arguments to support your stance (as stated in Question 2). Please provide all details, including the main issue(s), date(s) of the event(s), names of key person(s) or any witnesses so that ACS may investigate. Attach additional page(s) if required.



5. If applicable, how have you tried to resolve your complaint informally?

6. If applicable, what was the outcome of your previous complaint/appeal attempt(s)?

7. What is your desired outcome now?

8. Please list and attach any evidence you have to support your submission (examples of the documents you could include are Medical Certificates, Letters from Doctors, Psychologist or Social Worker; a Police Report; photocopies of receipts, photocopies of Death Certificates, photocopies of travel documents indicating both travel dates and date travel was booked, etc.)

List of documents attached:

9. By signing this form, I agree that the information provided, together with supporting evidence, is true and accurate to the best of my knowledge.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY			
Received by (name):		Appeal Number:	
Position:		Date Received:	
Referred to:		Date Referred:	
ACS Notes/Outcome:			

ACS will only use the information provided on this form, together with any supporting documentation, to investigate your appeal and determine an outcome (if applicable). We may provide the details of your appeal to other divisions within ACS that may have a direct involvement in the resolution of your appeal. Your personal information will not be provided to any person you are complaining about, unless it is specifically required, to ensure your complaint is appropriately dealt with. None of the information you provide on this form, or any supporting documentation, will be disclosed outside of the ACS without your permission, unless ACS is required to do so by law.