

Complaint or Appeal Lodgement Form

Note:

- This form should be completed if you would like to lodge a complaint or would like to make an appeal about a decision taken by AHMI. This form must be lodged within twenty (20) working days of notification of the decision.

Please tick (✓) the relevant information

Section 1: Personal Details

Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth: __/__/____	
First Name:		Last Name:		Student ID: (if AHMI student)	
Address:					
Suburb/Town:		Post Code:		Country:	
Email Address:				Mobile:	
Current Course:				Campus:	

Section 2: Complaint/Appeal Details

Reason for Complaint (please choose from below)	Reason for Appeal (please choose from below)
<input type="checkbox"/> Staff Member(s) (please specify) _____	<input type="checkbox"/> Assessment outcome, unit _____
<input type="checkbox"/> AHMI Service(s) (please specify) _____	<input type="checkbox"/> Attendance Records
<input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Notice of Intention to Report
Have you complained about this before? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Notice of Intention to Cancel
Name of Staff:	<input type="checkbox"/> Other (please specify) _____
Date of Complaint:	

Section 3: Complaint/Appeal Summary

Please provide details regarding your complaint or appeal request including date(s), people(s) involved.

Section 4: Expected Outcome

Section 5: Declaration

I, _____ (Applicant) hereby declare that the information contained in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Section 6: Office Use Only

Assessing Staff Name:

Position:

Application Outcome: Approved

Decline

Complaint/appeal discussed with:

Name:

Position:

Name:

Position:

Proposed actions identified in Initial meeting:

Student advised by: Email

Phone

In Person

Student request for second Meeting: Yes

No

(Student must request for second meeting no later than five (5) working days after the initial meeting.)

Proposed actions identified in second meeting:

Student advised by: Email

Phone

In Person

Student's response to proposed actions & outcomes

Student accepts & agree - File copy in student file

Student disagree & unhappy: Student Support Manager will contact student to assist student to access Overseas Student Ombudsman Services

Staff Signature:

Date:

Application Submission (Sending to AHMI)

AHMI Sydney Campus:
43 Marion Street, Parramatta NSW 2150
Phone: +61 2 9687 3323
Email: sso@ahmi.edu.au

AHMI Canberra Campus:
Suite 21-23, Level 2, 54 Benjamin Way, block 1, section 50,
Belconnen, ACT 2617
Phone: +61 2 9687 3323 Email: sso@ahmi.edu.au