

Complaint Lodgement Form

Note:

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

Section 1 : Personal Details

Name		Student ID	
Address			
Suburb		Post Code	
Email		Mobile	
Current Course			

Section 2: Complaint Details

Reason for Complaint – Choose from below

<input type="checkbox"/> Assessment Outcome	<input type="checkbox"/> Staff Member(s) (please specify) _____
<input type="checkbox"/> Attendance Record	<input type="checkbox"/> AHMI Service(s) (please specify) _____
<input type="checkbox"/> Other (please specify) _____	

Have you complained about this before? Yes No

Name of staff:

Date of Complaint:

Section 3: Complaint Summary – please provide details regarding your complaint

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

Section 4: Expected Outcome

Section 5: Student 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 5 : Office Use Only

Australian Health and Management Institute

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Complaints Lodgment Form V3.0 August 2023

Assessing Staff Name		Position	
Application Outcome : Approved <input type="checkbox"/> Declined <input type="checkbox"/>			
Complaint discussed with:			
Comments:			
Assessing Staff Name		Position	
Assessing Staff Name		Position	
Proposed actions identified in initial meeting:			
Student advised by : Email <input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/>			
Student request for 2 nd meeting : Yes <input type="checkbox"/> No <input type="checkbox"/> (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 <input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/>			
Students response to proposed actions & outcomes			
<input type="checkbox"/> Student accepts & agrees – file copy in student file			
<input type="checkbox"/> Student disagrees & unhappy: Student Support will contact student to assist to access Mediation Service or Overseas Student Ombudsman Service.			
Staff Signature		Date	