



## COMPLAINTS AND APPEALS FORM

### **Complainants should read the American College Complaints and Appeals Policy before completing this form**

#### **Stage One (Academic) – Informal**

The first step is **direct communication** between the complainant and respondent to allow both parties to discuss their point of view and attempt to resolve the problem. The complainant should communicate the matter to the relevant staff member within **5 working days** of becoming aware of the problem. In most cases resolution may be verbal and investigation into the complaint will commence within **48 hrs** of the complaint being made.

#### **Stage Two (Academic) - Formal Complaints & Appeals Process**

If, after undertaking Stage One, or in situations where Stage One is not possible, the complainant should **lodge their complaint in writing** (using the relevant form) to the Administration Officer(or nominee) within **5 working days** of the receipt of the stage one response . Within **48 hrs** American College will commence an investigation into the complaint. Within **5 working days of receipt of the appeal**, the Office Administrator (or nominee) will **provide in writing the outcome** of this step of negotiations to both Complainant and respondent.

#### **Stage Three (Academic) - Appeals and Complaints Committee**

Where the complainant is unsatisfied with the outcome of Stage Two and believes that:

- they did not have sufficient opportunity to present their case to the decision maker; or
- the process was not carried out in accordance with American policy or procedures; or
- the decision was made contrary to the evidence provided;

The complainant can lodge a written statement of their complaint with the Director. This statement should be lodged within **5 working days** of receiving the written notification of the outcome of Stage Two negotiations

#### **Stage Four - External Agencies**

Where the complainant is unsatisfied with the outcome of the Stage Three and believes that at the Appeals and Complaints committee the process was not carried out in accordance with American College policy or procedures they may request that the matter to be referred to American College's nominated independent appeals reviewer.

#### **Independent Appeals Reviewer:**

This independent agent will review the case, seeking input from all parties before making recommendations to American College within **15 working days**.

Note: If the complainant decides to proceed with Stage four, they should notify the College within **10 days**, so that time is allowed for this process.

**STUDENT DETAILS**

Given name: \_\_\_\_\_ Family name: \_\_\_\_\_  
Student ID: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**COMPLAINT DETAILS (tick off the correct box)**

- Assessment Outcome
- Marketing & Advertising
- Fees & Charges
- Workplace Health & Safety
- Record Management
- Student Refund
- Access & Equity
- Training Resources
- Other

Complainant comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AMERICAN COLLEGE OUTCOME – Office Use Only**

Date grievance was addressed: \_\_\_\_\_

Name of person addressing the complaint: \_\_\_\_\_

1st Stage: \_\_\_\_\_ Follow up date: \_\_\_\_\_

Result of investigation/ intervention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person addressing the complaint: \_\_\_\_\_

2nd Stage: \_\_\_\_\_ Follow up date: \_\_\_\_\_

Result of investigation/ intervention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person addressing the complaint: \_\_\_\_\_

3rd Stage: \_\_\_\_\_ Follow up date: \_\_\_\_\_

Result of investigation/ intervention: \_\_\_\_\_

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Corrective Action Taken:     Yes         No

Reasons for final decision: \_\_\_\_\_

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Administration Officer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Complainant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Improvement to policy or procedure required:    Yes     No

Details of improvement: \_\_\_\_\_

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**If student/staff is not happy with outcome, complaint to be referred to independent arbitrator for further assistance.**

Independent mediator's name (Please print): \_\_\_\_\_

Date: \_\_\_\_\_

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