



RIVERDALE INSTITUTE

📍 Suite 19, 2-14 Station Place, Werribee, VIC 3030
🌐 <https://www.riverdaleinstitute.edu.au>
☎ 1800-902-480
RTO NO: 45754 | CRICOS Provider Code: 03949M



COMPLAINT AND APPEALS FORM

STUDENT'S PERSONAL DETAILS:

FULL NAME	
POSITION OF COMPLAINANT/APPELLANT <small>(IF THE COMPLAINANT/APPELLANT IS EMPLOYED BY RIVERDALE INSTITUTE)</small>	
PHONE NO.	
EMAIL	
ADDRESS	

IF THE COMPLAINANT/APPELLANT IS STUDENT, PLEASE PROVIDE THE FOLLOWING DETAILS:

STUDENT ID	
COURSE NAME	

COMPLAINT/APPEAL DETAILS:

Complaint Details

Date the cause complaint occurred: _____

Reason for the complaint

- General Operations
 Assessment Outcome
 Other (please specify): _____

Have you complained about the issues before?

- yes no

If yes, please give the date the complaint was lodged:

Appeal Details

Date to which this appeal refers to: _____

Reason for the appeal

- Assessment Outcome
 Any outcome of any application for request
 Any disciplinary action taken against you
 Other (please specify): _____

COMPLAINT/APPEAL SUMMARY

(PLEASE GIVE DETAILED EXPLANATION OF COMPLAINT/APPEAL, THE EXPECTED OUTCOME AND ATTACH ANY SUPPORTING EVIDENCE)



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COMPLAINT/APEAL SUMMARY

(PLEASE GIVE DETAILED EXPLANATION OF COMPLAINT/APEAL, THE EXPECTED OUTCOME AND ATTACH ANY SUPPORTING EVIDENCE)

- All the information provided in this form is correct and accurate to the best of my knowledge.
 I am happy to attend any meeting with the relevant person/s required to resolve the issue

SIGNATURE		DATE	
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IF THE COMPLAINANT/APELLANT IS STUDENT, PLEASE PROVIDE THE FOLLOWING DETAILS:

RECEIVING STAFF MEMBER	
DATE	
METHOD OF LODGEMENT	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> In person <input type="checkbox"/> Phone
NAME OF MEMBERS IN PANEL FOR RESOLVING THE ISSUE	<hr/> <hr/> <hr/>
ACTIONS PROPOSED BY PANEL	
IMPLEMENTATION OF PROPOSED ACTIONS BY	<input type="checkbox"/> Continuous improvement request <input type="checkbox"/> Counselling by the relevant person/s <input type="checkbox"/> Change of any service or member <input type="checkbox"/> External counselling agency <input type="checkbox"/> Referred to: <input type="checkbox"/> Other (please specify): _____
OUTCOME	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful
METHOD TO COMMUNICATE THE OUTCOME WITH THE COMPLAINANT/APELLANT	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> In person <input type="checkbox"/> Phone
RESPONSE OF COMPLAINANT/APELLANT	<input type="checkbox"/> Agrees and accepts the panel's decision (The student signs the acceptance, and this form is placed in student's administration's file) <input type="checkbox"/> Disagrees and wishes to take this further (Riverdale Institute will contact student and help student to access the services of an External Bodies or have the matter referred to an independent mediator)

Declaration of Complainant/Appellant

- I acknowledge that I have been communicated the outcome of the complaint appeal lodged by me.
 I agree to the decision made by the panel and happy to accept it.
 I disagree to the decision made by the panel and would like to escalate it to an external body and I have been advised of all the required information in this regard.

Signature: _____ Date: _____ Name: _____	Signature of Riverdale Institute's Representative: _____ Date: _____ Name: _____
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