ANDERSON College
Address: Level 6, 190 Queen Street
Melbourne, VIC 3000
Contact: (+61) 411 333 327
www.andersoncollege.vic.edu.au

Complaints and Appeals Form

The following is a cover sheet to support your complaint/appeal. It is to outline your complaint/appeal and you are to attach any supporting documentation.

Please indicate what your grievance is (tick the appropriate box below):

☐ Complaint - Initial notification of your dissatisfaction or an issue that has occurred

☐ Appeal - Application to have the outcome of a complaint reviewed due to dissatisfaction with the process that has been followed in dealing with the initial complaint or to have an assessment decision reviewed.

Name:	
Student ID:	**Mobile No.:**
Email ID:	
Describe the nature of the Complaint/Appeal:	
(Describe the specific incident that caused concern/distress. Please describe exactly what occurred, when it occurred, and who was involved)	
Supporting Evidences:	
(Please upload supporting documents to strengthen your case. All evidences must be in English or translated)	

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Do you have a suggested remedy to the problem?
(Please describe what outcome you consider fair or appropriate.)

Student Declaration:
I Understand/have been informed that:
☐ I confirm that the information provided above is true & correct.
☐ I understand that the outcome will be provided in writing within 10 working days.
☐ I acknowledge that Anderson College will handle this matter confidentially and in line with its Feedback, Complaints and Appeal Policy and Procedure V2.
☐ I understand that my complaint or appeal will be investigated by the Academic Manager. If the matter is not resolved, it may be referred to an independent reviewer.
☐ I acknowledge that if I remain unsatisfied with the outcome of the internal appeals process, I have the right to escalate the matter to the Overseas Student Ombudsman (OSO)
☐ I understand that I may be accompanied by a support person throughout this process and that all information provided will be treated confidentially.

Signature:	**Date:**

For office use only

Application Received By:	**Name:**	
	Signature:	**Date received:**
Reviewed & Assessed By:	**Name:**	
	Signature:	**Date received:**
Release Decision Made By:	**Name:**	
	Signature:	**Date received:**
Tracking ID:		
Decision of Request	☐ **Granted**	☐ **Not Granted**

☐ Acknowledged within 48 hours
☐ Referred to independent reviewer (if applicable)
☐ Outcome provided in writing by: ____________________ (within 10 working days)