



COMPLAINTS & APPEALS FORM

Student Name: _____

Date of birth _____

Course Details _____

Did you receive a notice of intention to report from the college? No Yes → *Please attach copy*

Details of Grievance (list names of other parties involved *if any*)

SIA will in the first instance will always endeavour to resolve complaints/disputes informally. Students are encouraged to firstly talk to a member of staff as soon as a problem arises.

Have you discussed this with a member of staff? If so give details

PLEASE NOTE:

- Students and or SIA staff may be accompanied and assisted by a support person at any relevant meeting.
- Nothing in the Colleges Complaints/Disputes Resolution policy negates the rights of any overseas student to pursue other legal remedies.

Skilled Services Australia Pty Ltd trading as Skills Institute Australia

CRICOS CODE 03328G RTO CODE 32473

ABN: 34 150 413 219

1/10 Judds court, Slacks Creek, QLD-4127 Australia,
T 1300078839 , F 1300078839, E: sia@skill.qld.edu.au

W: www.skills.qld.edu.au



- If a student has any concerns about the conduct or actions of SIA they may contact the State Registering/Auditing Authority for CRICOS (in writing) being The Executive Director, Training and International Quality, Department of Education and Training (DET), Level 3, 30 Mary Street Brisbane or email TO.complaints@deta.qld.gov.au. The Director-General (or their delegate) of DET has the power to suspend or cancel SIA's registration or a course if a breach of the requirements of registration provision is proven.
- A complaint can be forwarded directly to Skills Institute Australia, Chief Executive Officer by email <mailto:sia@skills.qld.edu.au>
- Complaints/appeals against academic decisions will be accepted up to fourteen (14) days from the date an assessment result was received.

Student Declaration

I have read and understand the **FULL** Complaints and Appeals Policy as provided to me prior to enrolment and again during enrolment/orientation.

Name/Signature: _____ **Date:** _____

OFFICE USE ONLY

Form received date: _____ **Received by:** _____

Action taken:

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