



Complaint Form

Complainant Information

First Name:		Surname:	
Student ID:		Course Enrolled:	
Mobile:		Email Address:	
Postal Address:			

Before completing this form, please read IIB's Complaint and Appeals Policy.

Details of Complaint. Tick where applicable (✓).

Trainers and Staffs	<input type="checkbox"/>	Assessments	<input type="checkbox"/>
Facilities	<input type="checkbox"/>	Resources	<input type="checkbox"/>
Equipment's	<input type="checkbox"/>	Student Service	<input type="checkbox"/>
Training Service	<input type="checkbox"/>	Attendance	<input type="checkbox"/>

Please provide a statement in the space below giving full details of your complaint/appeal.

Name and title of people involved:

Dates and times of events:

The name of people or organization you have approached in relation to your complaint/appeal:

The effect the complaint/appeal has had on you:



Copies of any documents relating to your complaint/appeal (e.g., witness statement):

What action or response would you like to be done to resolve the complaint?

Student Declaration

Have you?

Identified the type of complaint or appeal: Yes No

Attached relevant supporting documentation: Yes No

If you have answered for any of the above **NO**, please note that your application will not be assessed until the appropriate documentation is provided.

1. I have read the *Complaints and Appeals Policy and Procedure*, which is available on IIB website: https://iib.edu.au/student_services/important-policies/
2. I declare that the information provided and submitted by me on this form along with any supporting documents is true and complete in all respects. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may delay the processing of my application.
3. I understand that IIB might amend CoE details on PRISMS as appropriate and that I need to contact the Department of Home Affairs to discuss my circumstances.

Student Signature:

Date of Lodgement:

Upon completion of this form please submit to Student Services Officer or email it to: studentservice@iib.edu.au.

Office Use Only

Date Complaints and Appeals Form received: _____/_____/_____

Acknowledgement made to student via: Phone Email on _____/_____/_____ (must be within 5 working days)

Complaints and Appeals Register updated: Yes No

Staff Person Name/Position:

Signature:

Date:



Application Outcome

Details of Actions Taken to resolve Complaint (To be completed by Institute of Intellect Blending).

Detail the response or actions Institute of Intellect Blending (IIB) has taken to resolve the complaint.

IIB Representative: _____

Position: _____

Signature: _____

Date: _____