

Student Complaints and Appeals Form

This form is designed to assist you in identifying the issue and detailing your previous attempts to address it. It will also instruct you on the necessary information required to substantiate your complaint.

When filling out this form, it's advisable to consult the Student Complaints and Appeals Policy, which can be found at our website, www.aheti.com.au.

STUDENT INFORMATION			
Family Name:			
Given Name(s):			
Date of Birth:		USI Number:	
Phone Number:		Email:	
COMPLAINT CATEGORY			
☐	Operations (<i>enrolment, fees, certificates, etc.</i>)	☐	Staff or student behaviour
☐	Assessment outcome	☐	Security or facilities
☐	Other – <i>please explain:</i>		
DETAILS OF COMPLAINT			
Describe your complaint or request for an appeal Provide an account of your grievance or appeal, encompassing relevant background information, dates, times, names, locations, etc. It is advisable to present the facts chronologically in the order in which they transpired.			

What actions have you taken?

Enumerate any actions you have already undertaken, encompassing any dialogues or correspondence. If relevant, please elucidate the reason for not attempting an informal resolution of the matter.

What pieces of evidence can you provide to support your complaint?

Compile and affix any substantiating evidence you possess for your complaint. Include pertinent correspondences, emails, or documents. Kindly send the supporting evidence via email along with this completed form.

Outline your desired outcome.

It's important to recognize that the findings of our inquiry will be in accordance with AHETI's policies, procedures, and legal responsibilities. The specific outcome you are hoping for cannot be assured.

PRIVACY NOTICE AND STUDENT DECLARATION

By providing my personal information to Australia Health Education and Training Institute (AHETI), I acknowledge that, unless required by law, AHETI will solely utilise this data for the purposes it was collected, which aligns with AHETI's functions and activities associated with my enrollment. On some occasions, AHETI may be obligated to share information with government departments responsible for education and immigration policies and laws, as well as other government agencies (State, Territory, or Federal) or third parties for the retrieval of unpaid AHETI fees or other debts owed to AHETI. I grant my consent for such disclosures. Additionally, I comprehend that all information will be collected, stored, accessed, disseminated, or disposed of in accordance with privacy laws, records management, and other relevant regulations, as well as AHETI's policies.

I hereby declare:

- I have reviewed the information regarding filing a complaint at www.aheti.com.au.
- I authorise the transmission of my complaint to any relevant department required to address my concern.
- The details I've furnished in this document accurately represent my experiences and are not fabricated for trivial or malicious intentions.
- I am aware that complaints deliberately found to be deceptive or created with the intention of causing harm may lead to disciplinary actions.
- In cases where my complaint pertains to someone else's conduct, the specifics of my complaint (including my identity) may be disclosed to the individual I am complaining about, as well as any potential witnesses. This facilitates their opportunity to respond and provide their perspective.
- I will conduct myself in a respectful and courteous manner when interacting with staff.
- I have read and agree to abide by the relevant Australia Health Education and Training Institute (AHETI) policies.

Your signature below constitutes that the information provided to the best of your knowledge is true and correct, that you consent to the collection, use, and disclosure of your personal information in accordance with the Privacy Notice above, and that you understand the items listed in the student declaration.

Student Name:			
Student Signature:		Date:	

Submit this completed form with any supporting documents to: support@aheti.com.au