



BRIGHTON INSTITUTE OF TECHNOLOGY

CRICOS Provider Code 02552G RTO No 21438
Level 1 and 2, 380 Bourke Street Melbourne, Victoria 3000
Australia. Phone: +61 3 9642 1770
Email: info@bit.edu.au Website: www.bit.edu.au

Complaint/Appeal Summary
(Please give detailed explanation of complaint/appeal and attach any supporting evidence)

Declaration

- 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 relevant persons required to resolve the issue.

Student Signature: _____ Date: _____

Office use Only:

Receiving staff member:	
Date:	
Method of lodgement	<input type="checkbox"/> Email <input type="checkbox"/> in person <input type="checkbox"/> mail <input type="checkbox"/> Phone
Name of the members empanelled to resolve the issue	
Actions proposed by panel	
Implementation of Proposed action by:	<input type="checkbox"/> Continuous improvement Request. <input type="checkbox"/> Counselling by the relevant persons. <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



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Method to communicate the outcome with the complainant/appellant	<input type="checkbox"/> Email <input type="checkbox"/> in person <input type="checkbox"/> mail <input type="checkbox"/> Phone
Response of complainant/appellant	<input type="checkbox"/> Agrees and accepts the decision done by panel (The student signs the acceptance, and the record is placed in student's admin file) <input type="checkbox"/> Disagrees and unhappy (Student Support Officer will contact student to help student to access services of Overseas Student Ombudsman)
Declaration by complainant/Appellant (Please tick before you sign it): <input type="checkbox"/> I acknowledge that I have been communicated the outcome of the complaint/appeal lodged by me. <input type="checkbox"/> I agree to the decision made by the panel and happy to accept it. <input type="checkbox"/> 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.	
Complainant/Appellant Signature: _____ Date _____	
Print Name: _____	
Signature of BIT's representative: _____ Date: _____	
Print Name: _____	