

Student Complaints & Appeals Form
40638SA Graduate Diploma of Diagnostic Medical Ultrasound
(General Discipline)



Part A is to be completed by the staff member receiving the complaint with the student present, or the student may directly complete this form. The form is then to be sent to the CEO for further follow up and/or action.

The CEO will investigate and complete Part B.

Part A and Part B are then to be passed to the Management Review Committee who will complete Part C.

On completion of the below process this document will be filed in the student's file.

Part A: Staff member and/or student to complete and then forward to the CEO

Today's date

Name of person
recording complaint /
appeal

Surname of student

Given name

Student number

Nature of complaint / appeal staff member Course clinical site other

Date & time of incident
(if applicable)

Name of other persons
involved in this
complaint / incident
(if applicable)

Details of the complaint /
incident / appeal

What outcome / solution
do you wish for as the
complainant, or what
outcome does the
complainant wish for if
you are completing this
form on their behalf.

If you are recording the
complaint on the behalf
of the student state what
action was taken by
yourself in respect to the
complaint / appeal.

Signed:

Part B: CEO to complete

Date received by CEO

Part B completed by

Are there any further actions required to address the complainant's immediate concerns? Note details of any follow up, contact and actions taken including whether external arbitration is required.

Note if there are any further actions required to address staff / systems concerns and note the action that was taken.

Date complaint logged into system

Signed & dated

CEO

Part C: Management review committee

Date received by
Management review
committee

Comments / Action

Is follow up required

State what follow up is
required and by whom
(if relevant)

Signed & dated:

Chair Management review committee