

Formal Grievance Form - Higher Education

This form is designed to be filled in electronically. Click in indicated fields and type text directly. Submit completed form to Provide Feedback.

Grievance Process

The Grievance Process is summarised below, however for the full policy:

Domestic students and Clinic Clients should refer to the *Grievance Policy - Domestic Students - Higher Education*

International students should refer to the Complaints and Appeals Policy - International

Stage 1 - Informal Resolution Process: You attempt to resolve the grievance informally and amicably at an early stage. This can be done through speaking directly with a member of student support or academic staff or systematised and lodged via the Quality Feedback Monitor which can be accessed via the Student Portal or via endeavour.edu.au > Provide Feedback

Stage 2 - Formal Resolution Process: You have been unable to resolve the grievance informally. The formal grievance procedure begins when you state in writing, using this form, that you have a grievance and submit the completed form directly via the Student Portal or via endeavour.edu.au > Provide Feedback, this is submitted to the Quality Feedback Monitor and directed to the National Student Experience Manager.

Stage 3 - Appealing the Original Decision: If you are dissatisfied with the outcome of your grievance, you may lodge an appeal with the Dean - Higher Education (for academic grievances) or Director of Student Operations (for non-academic grievances) within 20 working days of being informed of the decision. Your appeal **must** detail the reasons for the appeal. The Dean - Higher Education and the Director of Student Operations are responsible for reviewing appeals relating to formal grievances and convening the Complaints or Decision Review Committees. The appeal documentation is to be submitted directly via the Student Portal or via endeavour.edu.au Provide Feedback, all appeals will be considered as per the Grievance-Policy - Domestic Students - Higher Education

Stage 4 - External Independent Review: If you are dissatisfied with the outcome of your appeal, you may make a written request to the Dean - Higher Education or the Director of Student Operations for an independent external review of the decision. You will be provided with access to an external independent review of the grievance decision. Charges may apply for these services.

1. PERSONAL DETAILS

Select one option:	☐ Clinic Client	☐ Student (provide student numb	er) Enter number.
Campus Choose camp	ous.		
Title Choose. Given Name Enter name.		Family Name Enter name.	
Postal Address Enter a	address.		
Suburb Enter suburb.		State Choose.	Postcode Enter P/C.
Phone Number Enter	number.		
Email (eweb) Enter ew	eb email address.		
Course (if student) Ent	er course of study.		

Signature



2. GRIEVANCE DETAILS What does your grievance relate to? □ Bookstore ☐ Clinic □ Course Transition □ Facilities ☐ General Feedback ☐ Library ☐ Student Finance ☐ Student Support & Services □ Teaching & Learning □ Other (Please describe) Click to enter description of 'other'. Please answer the following questions to describe your grievance and the steps you have / have not already taken (attach a separate page if more space required): What is your grievance? Click to enter grievance detail here. What steps, if any, have you taken to resolve your grievance with the College? Please include supporting documentation where applicable. In the table below, include the date(s) of each event, names and titles of staff or committee members involved, and the document reference number (e.g.: doc 1, doc 2, etc.) for each supporting document. Add additional rows to the table by clicking on the '+' symbol which will appear to the right of the table once fields are updated. Attach additional sheets as necessary. DATE(S) **EVENT DETAILS DOCUMENT REFERENCE** Enter date. Enter event detail/s. Enter reference. If you have made no attempt to resolve your grievance with the College before now, please explain why: Click to enter explanation. **Privacy Details** In compliance with the Privacy Amendment (Private Sector) Act 2000 (Cth), the information on this form will only be used for purposes associated with this application. Information collected is used solely for the purpose of assisting the College to make an informed decision on your case and will not be disclosed unless authorised by you or your agent or required by law. 3. DECLARATION I (the undersigned), hereby affirm the information provided in this form to be true and correct. I authorise the College to obtain further information with respect to my grievance and, if necessary, to investigate the legitimacy of my claims. Student or Clinic Client's Full Name Enter full name.

Date Select date.