



STUDENT SERVICES · COMPLAINTS

Complaint Form

Raise a formal complaint about IOIS, its staff or a third party acting for IOIS

BEFORE YOU START

- **Use this form** to make a formal complaint about IOIS, its trainers, assessors or staff, another student, or a third party or education agent acting on IOIS's behalf. To ask IOIS to review a decision, such as an assessment result, use the **Appeal Form** instead.
- **Try to resolve it informally first** if you feel comfortable, by talking to the person involved or the Student Support Officer. You can lodge this form at any stage.
- **Lodge within 20 working days** of the issue. Later complaints are accepted where there are compassionate or compelling reasons.
- **Send it to the Student Support Officer** at studentsupport@iois.edu.au. If you need help completing it, email Student Support and we will assist you.
- **What happens next:** we acknowledge your complaint in writing within **3 working days**, start investigating within **5 working days**, and give you a written outcome with reasons within **20 working days**. Making a complaint is free, confidential, and will never disadvantage you.

If anyone is in immediate danger, call 000 (in Australia) or your local emergency number first.

01 YOUR DETAILS

FULL NAME		STUDENT ID (IF APPLICABLE)
I AM A ☐ Current student ☐ Former student ☐ Prospective student ☐ Employer ☐ Other		
COURSE CODE AND TITLE (IF APPLICABLE)		
EMAIL ADDRESS	PHONE NUMBER	
COUNTRY OF RESIDENCE (IF OUTSIDE AUSTRALIA)	PREFERRED CONTACT METHOD ☐ Email ☐ Phone	
ARE YOU UNDER 18? ☐ No ☐ Yes – a parent or guardian must also sign this form		

02 ABOUT YOUR COMPLAINT

WHAT IS YOUR COMPLAINT ABOUT? TICK ALL THAT APPLY		
☐ Training or trainer	☐ Assessment process	☐ Student support
☐ Enrolment or administration	☐ Fees, payments or refunds	☐ Staff conduct
☐ Another student	☐ Agent or third party	☐ Bullying, harassment or discrimination
☐ Privacy	☐ Online systems or resources	☐ Other
DATE IT HAPPENED	TIME (IF KNOWN)	WHERE OR HOW (E.G. TEAMS SESSION, MOODLE, EMAIL, OFFICE)
PERSON(S) OR ORGANISATION INVOLVED		



HAVE YOU TRIED TO RESOLVE THIS INFORMALLY?

☐ No

☐ Yes – describe below

IF YES, WHO DID YOU SPEAK TO, WHEN, AND WHAT HAPPENED?

03 DETAILS OF YOUR COMPLAINT

DESCRIBE YOUR COMPLAINT. INCLUDE WHAT HAPPENED, RELEVANT DATES AND THE PEOPLE INVOLVED, AND REFER TO ANY DOCUMENTS YOU ATTACH

WHAT OUTCOME ARE YOU SEEKING?

OPTIONAL: HOW COULD IOIS PREVENT THIS HAPPENING AGAIN?

04 SUPPORTING DOCUMENTS AND ASSISTANCE

LIST ANY DOCUMENTS YOU ARE ATTACHING (E.G. EMAILS, SCREENSHOTS, RECEIPTS, STATEMENTS)

SUPPORT DURING THE PROCESS

☐ I would like to bring a support person to any meeting

☐ I need an adjustment or assistance to take part (please describe)

ASSISTANCE OR ADJUSTMENT NEEDED

**05 DECLARATION**

By signing this form I confirm that:

- the information I have provided is true and accurate to the best of my knowledge;
- I consent to IOIS using this information, and sharing it with the people involved only as needed, to investigate and resolve my complaint; and
- I understand that IOIS will give me a written outcome with reasons, and information about external options if I am not satisfied.

SIGNATURE	DATE
PARENT OR GUARDIAN NAME AND SIGNATURE (IF UNDER 18)	DATE

Privacy notice. IOIS collects the information on this form to investigate and resolve your complaint, and to improve its services. It is shared only with people who need it for that purpose, or where required or authorised by law, such as with the Australian Skills Quality Authority (ASQA). It is stored securely and handled under the IOIS Privacy Policy and the Privacy Act 1988 (Cth). You can ask to access or correct your information by contacting IOIS.

OFFICE USE ONLY

DATE RECEIVED	RECEIVED BY	COMPLAINTS REGISTER REF.
ACKNOWLEDGED IN WRITING (WITHIN 3 WORKING DAYS)	INVESTIGATION STARTED (WITHIN 5 WORKING DAYS)	
INVESTIGATED BY	WRITTEN OUTCOME SENT (WITHIN 20 WORKING DAYS)	
OUTCOME ☐ Resolved informally ☐ Upheld ☐ Partly upheld ☐ Not upheld ☐ Withdrawn		
FOLLOW-UP ☐ Delay notice issued ☐ External options advised ☐ Recorded in Continuous Improvement Register		
ACTION TAKEN AND IMPROVEMENTS IDENTIFIED		
STAFF NAME	SIGNATURE	DATE