

COMPLAINTS AND APPEALS FORM

This form should be used to make a complaint or appeal about any aspect of the services provided to you by us or about our staff, another learner or a third party providing services on our behalf. You may also use this form to appeal an assessment outcome, any outcome of any application or request, or any disciplinary action taken against you. Your complaint or appeal will be processed in accordance with OPIE Complaints and Appeals Policy and Associated Procedures, a copy of which could be found at www.opie.vic.edu.au.



**OCEANIA POLYTECHNIC
INSTITUTE OF EDUCATION**

CRICOS PROVIDER CODE: 01905F | RTO NO: 6324

1. STUDENT DETAILS

Name	<input type="text"/>	Date	<input type="text"/>
Address	<input type="text"/>	Mobile No.	<input type="text"/>
Student No.	<input type="text"/>	Email	<input type="text"/>
Course Name	<input type="text"/>		

2. COMPLAINT OR APPEAL DETAILS

COMPLAINT DETAILS

PLEASE TICK THE AREA TO WHICH YOUR COMPLAINT RELATES:

- ☐ General operations
- ☐ Training materials, facilities, content, environment or any other training-related matter
- ☐ Assessment materials, facilities, environment, location or any other assessment-related matter
- ☐ Services provided
- ☐ Personal conflict
- ☐ Discrimination, harassment, or bullying
- ☐ Privacy breach
- ☐ Other

Does your complaint involve another person (trainer/assessor/staff/another student)? If YES, please state their name:

Does your complaint involve witnesses? If YES, please provide the names and contact details of the witnesses who are willing to support your claim:

Name

Contact No.

Email

Name

Contact No.

Email

APPEAL DETAILS

PLEASE TICK THE AREA TO WHICH YOUR APPEAL RELATES:

- ☐ Assessment Outcome
- ☐ Any outcome of the conduct of Intervention Strategies
- ☐ Any outcome of any application for request
- ☐ Any disciplinary action taken against you
- ☐ Other

If your appeal involves Assessment Outcome, please provide details including assessor name, unit code and unit name:

3. COMPLAINT/APEAL SUMMARY

Please outline the nature/circumstances of your complaint or appeal.

What actions have you taken in an attempt to resolve this matter?

What action/resolution would you like to see occur/implemented?

COMPLAINANT/APELLANT DECLARATION

I confirm that all information provided in this form is true and accurate to the best of my knowledge.

I have read and understood the OPIE Complaints and Appeals Policy and Associated Procedures, and I acknowledge that my complaint or appeal will be handled in accordance with these guidelines.

I understand that the other party involved in the complaint may be contacted in an effort to resolve the issue.

I also understand that OPIE may carry out independent checks and I may be asked to provide additional information or attend a meeting to further discuss the matter.

Name

Signature Date

IF COMPLAINANT/APELLANT IS UNDER 18 YEARS OF AGE

Parent/Guardian Name Mobile No.

Signature Email

Date

OFFICE USE ONLY

<input type="checkbox"/> Form received	By: <input type="text"/>	Date	<input type="text"/>
<input type="checkbox"/> Recorded in Complaints & Appeals Register	By: <input type="text"/>	Date	<input type="text"/>
<input type="checkbox"/> Acknowledgment letter/email sent	By: <input type="text"/>	Date	<input type="text"/>
<input type="checkbox"/> Forwarded to CEO	By: <input type="text"/>	Date	<input type="text"/>



Oceania Polytechnic Institute of Education Pty Ltd

RTO No. 6324 | CRICOS No. 01905F | ABN: 81 075 892 723 | ACN: 075 892 723

Address: 67 Jeffcott Street, West Melbourne VIC 3003 | Email: admissions@opie.vic.edu.au | Phone: +61 (03) 9602 5555 | www.opie.vic.edu.au

OPIE v4.0 | Reviewed September 2025 | Created by: CO | Approved by: CEO