

## Feedback and Complaints Form

<b>Personal Details:</b>	
<b>Full Name:</b>	
<b>Position of Complainant:</b>	
<b>Phone No:</b>	
<b>Email:</b>	
<b>Address:</b>	
<b>If the complainant is a student, please provide the following details:</b>	
<b>Student ID:</b>	
<b>Course Name:</b>	
<b>USI no:</b>	
<b>Date:</b>	
<b>Feedback Details</b> This section may be used to provide general feedback, suggestions for improvement, or to raise concerns.	
<b>Feedback type:</b> <input type="checkbox"/> Positive feedback <input type="checkbox"/> Suggestion for improvement <input type="checkbox"/> Concern regarding service delivery <input type="checkbox"/> Other (please specify)	
<b>Feedback summary:</b>           	

**How do you believe this feedback can contribute to improvement?**

### Complaint Details

Date the cause of complaint occurred: \_\_\_\_\_

**Reason for the complaint:**

- ☐ Academic matters (teaching, assessment, course content)
- ☐ Student services or support
- ☐ Fees, refunds, or financial matters
- ☐ Behaviour or misconduct
- ☐ Other, please specify

**Have you complained about the issue before?**

- ☐ Yes (If yes, please give the date, the complaint was lodged, Date: \_\_\_\_\_)
- ☐ No

### Complaint Summary

(Please give a detailed explanation of the complaint and attach any supporting evidence. Also, provide explanation on how you believe this complaint can be resolved)

### Declaration

(Complainant's information will remain confidential, protected and will only be utilised in accordance with the The College of Business Management Pty Ltd's Privacy Policy)

- ☐ 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.
- ☐ I understand that if I am dissatisfied with the decision after the internal appeal procedures, I can seek assistance from an external complaints handling body, i.e., Commonwealth Ombudsman, free of cost.
- ☐ I acknowledge that any feedback I have provided will be considered in the The College of Business Management Pty Ltd (CBM) continuous improvement processes and may contribute to improvements in services or operations.

Signature: _____ Date: _____	
<b>*OFFICE USE: (*marked items to be filled up by staff or complaint handling party)</b>	
<b>*Receiving staff member:</b>	
<b>*Date:</b>	
<b>*Method of lodgment</b>	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> In Person
<b>*Name of the members empaneled to resolve the issue</b>	
<b>*Actions proposed by the panel/ determined resolution</b>	
<b>*Implementation of Proposed action by:</b>	<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)
<b>Feedback logged in Continuous Improvement Register:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Improvements/changes implemented:</b>	

<b>Date of Resolution</b>	Xx/xx/xxxx
<b>*Outcome</b>	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful
<b>*Method to communicate the outcome with the complainant</b>	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> In Person
<b>*Response of complainant</b>	<input type="checkbox"/> Agrees and accepts the decision made by the panel (The student signs the acceptance, and the record is placed in the student's admin file) <input type="checkbox"/> Disagrees and unhappy (CBM will contact the student to help him/her access services of the Commonwealth Ombudsman)

**Declaration by Complainant (Please read and tick before signing it):**

- ☐ I acknowledge that the outcome of the complaint lodged by me has been informed to me.  
☐ I acknowledge that any feedback I have provided has been recorded and may be considered in CBM's continuous improvement processes.  
☐ I agree with the decision made by the panel, and I am happy to accept it.

**OR**

- ☐ I disagree with 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The College of Business Management Pty Ltd's Representative**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_