



COMPLAINT & APPEAL FORM

Instructions:

A complaint or request for appeal must be made within 15 working days of the event, circumstance or decision that is the subject of the complaint or request for appeal.

Fill in all sections clearly and carefully by writing in block letters.

Information requested on this form is necessary to investigate your complaint or request for appeal.

When complete, print this form and submit it:

By email to: admin@pgdentalschool.edu.au

In person to: The Postgraduate School of Dentistry Administration Office
16 Transvaal Avenue
Double Bay NSW 2028
Australia

We will provide written acknowledgement of receipt of your form has been received within two (2) calendar days of receiving it.

If you have questions about this form or you require assistance to complete it, please contact us on: 02 9362 5620.

Definitions

What is a complaint?

A complaint is an expression of dissatisfaction with a specific action or service of The Postgraduate School of Dentistry or an allegation involving the conduct of:

- The Postgraduate School of Dentistry, its trainers, assessors or other staff;
- a third party providing services on behalf of The Postgraduate School of Dentistry, its trainers, assessors or other staff; or
- a student of The Postgraduate School of Dentistry.

What is an appeal?

An appeal is a request for a review of decisions made by The Postgraduate School of Dentistry (or a third party providing services on the RTO's behalf), including decisions about assessment.

What you want to do

Make a complaint

Request an appeal

Your details

Title Mr Mrs Ms Miss

Surname

Given name/s

Contact details

Home phone

Mobile

Email

Details of complaint or appeal

Date of the event, circumstance or decision that is the subject of the complaint or request for appeal.

Please describe the details of the complaint or appeal (you may attach supporting documentation if required)

Have you taken any steps to resolve this issue? If yes please provide details.

What outcome would you like to see from raising this complaint / appeal?

Declaration

I declare that the information provided in this form is, to the best of my knowledge, true and correct. I acknowledge that The Postgraduate School of Dentistry may use the information provided by me to investigate the complaint. I understand that this information may also be used for the continuous improvement of the RTO's operations.

Student signature

Student name

Date

Office use only

<input type="checkbox"/> Form checked for completeness	Date		Initials	
<input type="checkbox"/> Acknowledged in writing (within two (2) business days of receipt)	Date		Initials	
Resolution and advice due by (add 30 calendar days):	Date			
<input type="checkbox"/> Details of investigation – include details of dates, party/ies, discussions and documentation reviewed:	Date		Initials	

<input type="checkbox"/> Decided that more than 60 days required – reasons:	Date		Initials	
<input type="checkbox"/> Complainant/appellant advised of delay and reasons	Date		Initials	
<input type="checkbox"/> Progress updated provided to complainant/appellant	Date		Initials	
<input type="checkbox"/> Progress updated provided to complainant/appellant	Date		Initials	
<input type="checkbox"/> Progress updated provided to complainant/appellant	Date		Initials	
<input type="checkbox"/> Outcome reached – details of outcome and any action required:	Date		Initials	
Outcome:				
Reasons for outcome:				
Required action:				
<input type="checkbox"/> Complainant/appellant advised of outcome and reasons in writing	Date		Initials	
<input type="checkbox"/> Complaints and appeals register updated	Date		Initials	
<input type="checkbox"/> Continuous improvement register updated with future opportunities to be considered raised in the investigation of this complaint/appeal (if applicable)	Date		Initials	