Technical Education Development Institute (TEDI)
Technical Electronics Centre
RTO Code: 22300 CRICOS NUMBER: 03221G
Level 5, 123 Lonsdale Street, Melbourne, Victoria, Australia 3000
Ph: 03 8725 2061, Website: www.tedi.vic.edu.au
Email: admissions@tedi.vic.edu.au

FEEDBACK, COMPLAINTS AND APPEALS FORM

True Education Pty Ltd t/a Technical Education Development Institute and t/a Technical Electronics Centre (hereby referred as TEDI)

Personal Details:	
Full Name:	
Position of Complainant/Appellant:	
USI no:	
Phone No:	
Email:	
Address:	
If the complainant is student, please provide the following details	
Student ID:	
Course Name:	
Date:	

Type of Submission
Please indicate the type of submission: ☐ Feedback ☐ Complaint ☐ Appeal

Feedback/Complaint/Appeal Details

Feedback/ Complaint Details

Date the issue occurred**:**

_____

Reason for submission (tick all applicable)

☐General Operations
☐Assessment outcome
☐ESOS related complaint
☐Discipline/Misconduct
☐Outcome of application/request
☐Other, please specify

Have you complained about the issue before?

☐Yes
☐No

Appeals Details

Date to which this appeal refers to: _____

Reason for the appeal:

☐Assessment outcome

☐Discipline/misconduct

☐Any outcome of any application for request

☐Any disciplinary action taken against you

☐Other, please specify below

Technical Education Development Institute (TEDI)
Technical Electronics Centre
RTO Code: 22300 CRICOS NUMBER: 03221G
Level 5, 123 Lonsdale Street, Melbourne, Victoria, Australia 3000
Ph: 03 8725 2061, Website: www.tedi.vic.edu.au
Email: admissions@tedi.vic.edu.au

If yes, please give the date the complaint was lodged:	

Summary of Feedback/Complaint/Appeal (Please give detailed explanation and attach any supporting evidence) (Provide explanation on how you believe this complaint can be resolved)

Declaration

☐ I declare that 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 outcome, I can seek assistance from external complaints handling body i.e. Overseas Student Ombudsman (OSO) https://www.ombudsman.gov.au/ which is free of cost.

Signature: _____ Date: _____

Office use Only: (*marked items to be filled up by staff or compliant handling party)

***Receiving staff member:**	
***Date Received:**	
***Method of lodgment**	☐Email ☐ Mail ☐ In-person
***Name(s) of staff reviewing the Case**	

***Actions proposed by the panel/determined resolution**	
***Implementation of Proposed action by:**	☐ Continuous improvement Request. ☐ Counselling by the relevant persons. ☐ Change of any service or member. ☐ External Counselling agency ☐ Referred to: ☐ Other (Please specify)
***Date of Resolution**	/ /
***Outcome**	☐ Successful ☐ Unsuccessful
***Method to communicate the outcome with the complainant/appellant**	☐ Email ☐ Mail
***Response of complainant/appellant**	☐ Agrees and accepts the decision done by panel (The student signs the acceptance and the record is placed in student's admin file) ☐ Disagrees and unsatisfied (Student has been advised of the right accessing external complaints handling body- Commonwealth Ombudsman along with contact details of the same)

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

☐ I acknowledge that the outcome of the feedback/complaint/appeal lodged by me have been informed to me.
☐ 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 complaint handling body, and I have been advised of all the required information in this regard.

Signature: _____ Date: _____

TEDI'S Representative

Name: _____

Signature: _____

Date: _____