

Complaints Form



Student Information		
Date	Student Number	
Full Name		
Address		
City	State	Post Code
Home Phone Number () -	Work Phone Number () -	
Mobile	Email	
How do you prefer we contact you?		
<input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> mobile <input type="checkbox"/> email		
Complaint Resolution Process		
<p>A complaint is an expression of dissatisfaction with the quality or delivery of a service, policy or procedure, or the conduct of another person.</p> <p>Lodging a complaint with IIBT is free.</p> <p>All complaints are taken seriously and, upon receipt of this form, the complaint details will immediately be placed on the IIBT Complaints Register.</p> <p>Complaints should be lodged within 10 working days of the event or incident.</p> <p>IIBT Management will fully investigate your complaint and will provide a response to you within 10 working days.</p> <p>During the Complaints Resolution process your enrolment is NOT at risk.</p> <p>If you are not happy with the outcome of your complaint, you are able to lodge an appeal with IIBT.</p> <p>You are also able to seek independent advice during the process from:</p> <p>International Students:</p> <ul style="list-style-type: none">○ Department of Education Services International Education Conciliator;<ul style="list-style-type: none">▪ Level 9, 20 Walters Drive, Osborne Park WA 6017▪ Phone(08) 9441 1900▪ Fax (08) 9441 1901▪ Email: conciliation@des.wa.gov.au		

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Australian Students:

- Citizens Advice Bureau of Western Australia
 - Phone (08) 9221 5711
 - Website: www.cabwa.com.au

To help IIBT resolve your complaint as quickly as possible **please**

- Describe your complaint in detail;
- Specify any pertinent dates;
- Specify staff with whom you dealt;

Use additional paper if necessary.

Attach any documentation which will help describe the problem and substantiate your complaint (i.e. enrolment contract, correspondence, etc.).

The information you provide will be used in an effort to resolve your complaint and will be shared with relevant IIBT staff only.

I declare that the information provided in this complaint is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

IIBT Use Only:

Date Received: _____

Management Meeting date:

Actions Taken:

Outcome recorded in Complaints Register: _____

Date Resolved: _____ Date Student Advised: _____