



## GRIEVANCES AND COMPLAINTS DECLARATION

In order for the Sydney Institute of Traditional Chinese Medicine (SITCM) to efficiently handle, investigate and process all complaints and grievances made by students, the following guidelines are applicable to all complaints. These guidelines are to be read in conjunction with SITCM's *Academic Grievance Policy and Procedure* and *Non-Academic Grievance Policy and Procedure*, which are both available online at <https://www.sitcm.edu.au/he-courses/he-policiesforms/>.

1. All complaints and grievances must be lodged by the student, either in writing or by audio recording, and emailed to the Registrar at [registrar@sitcm.edu.au](mailto:registrar@sitcm.edu.au).
2. Complaints made by students in writing must be done by way of a written statement by the student, which must include the student's ID number, and be signed and dated.
3. All complaints must be lodged within 30 days of the occurrence of the event leading to the complaint. If a complaint is lodged out of time, it may not be accepted by SITCM unless the student can provide a reasonable explanation for the delay.
4. The student may also choose to lodge the complaint by way of audio recording. If the student elects to lodge the complaint by audio recording, the audio recording must be made by an appropriate officer of SITCM, within SITCM's premises.
5. The student may choose to have a support person present during the recording.
6. All complaints made by students will be investigated by SITCM as quickly as practicable. If any student is found to have made a frivolous or vexatious complaint, SITCM reserves the right to take disciplinary action against the student.

I, \_\_\_\_\_, state that I have read the above complaint and grievances guidelines and the *Academic Grievance Policy and Procedure* and/or the *Non-Academic Grievance Policy and Procedure*, and wish to lodge my complaint as follows:

- A. Written Statement
- B. Audio recording

.....  
Signed by Student



## COMPLAINTS AND GRIEVANCES FORM

### 1. Personal Details

Family Name:

Given Name:

Student ID:

Email:

Mobile:

### 2. Details of Complaint/Grievance

Type of Grievance (please select):  Academic Grievance  Non-Academic Grievance

Is this an appeal?  Yes  No

Decision being appealed:

Date of decision:

Grievance details (If appealing, please outline the grounds for an appeal):

### 3. Student Declaration

I declare that the information provided by me on this form is true and correct. I also agree to the release of personal information about me for the purpose of investigating this complaint or grievance.

Student's Signature:

Date signed: