



SINCE 2015  
**pinnacle**  
**INSTITUTE**  
DELIVERING EXCELLENCE...

## COMPLAINTS AND APPEALS FORM

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Triple Five Group Pty Ltd T/A Pinnacle Institute  
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### COMPLAINTS and APPEALS FORM

Complainants should read the Pinnacle Institute Complaints and Appeals Policy before completing this form

#### STUDENT DETAILS

Given name: \_\_\_\_\_ Family name: \_\_\_\_\_  
Student ID: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### COMPLAINT DETAILS (tick off the correct box)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Assessment Outcome      | <input type="checkbox"/> Workplace Health & Safety | <input type="checkbox"/> Access & Equity    |
| <input type="checkbox"/> Marketing & Advertising | <input type="checkbox"/> Record Management         | <input type="checkbox"/> Training Resources |
| <input type="checkbox"/> Fees & Charges          | <input type="checkbox"/> Student Refund            | <input type="checkbox"/> Other: _____       |

Complainant comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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#### Pinnacle Institute Outcome – Office Use Only

Date grievance was addressed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of person addressing the complaint: \_\_\_\_\_

1st Stage: \_\_\_\_\_ Follow up date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Result of investigation/ intervention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person addressing the complaint: \_\_\_\_\_

2nd Stage: \_\_\_\_\_ Follow up date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Result of investigation/ intervention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person addressing the complaint: \_\_\_\_\_

3rd Stage: \_\_\_\_\_ Follow up date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Result of investigation/ intervention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective Action Taken:  Yes  No

Reasons for final decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registrar's signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Complainant's signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Improvement to policy or procedure required:  Yes  No

Details of improvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If student/staff is not happy with outcome, complaint to be referred to independent arbitrator for further assistance.**

Independent mediator's name (Please print): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_