

Complaints Form

This Complaints Form can be completed by parents, carers, students, school, staff, host families and affiliated third-party partner organisations. If a mutually agreed resolution cannot be reached or the complainant feels uncomfortable raising the complaint directly with the relevant parties, they can escalate the complaint to AIIU for resolution using this Complaints Form.

Furthermore, The complainant has the right to contact the relevant State Regulation Authority at any time regarding a complaint.

The Regional Manager, AIIU will inform the exchange student that they can contact the relevant State Regulation Authority if the exchange student or parent/guardian is concerned about AIIU's conduct. This will be reiterated by the Local Coordinator.

The relevant State Regulation Authority may suspend or cancel AIIU's registration as a secondary student exchange organisation; and that the complaints handling and appeals process described in AIIU's policies and procedures does not prevent an exchange student from exercising the student's rights to other legal remedies.

The relevant State Regulation Authority, in turn, will investigate the complaint, specifically in relation to AIIU's compliance with the Student Exchange Organisation Standards and Child Safe Standards (CSS).

PERSONAL DETAILS (OF COMPLAINANT):

Title:	First name:	Family name:
Street Address:		
Suburb:		Postcode:
Telephone: B/H		Mobile:

Email:

STUDENT DETAILS (IF COMPLAINT IS ABOUT A STUDENT):

First name:	Family name:				
Year level:	Gender (please tick) <table> <tr> <td>Male</td> <td><input type="checkbox"/></td> <td>Female</td> <td><input type="checkbox"/></td> </tr> </table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
School Name:					

WHO HAVE YOU CONTACTED PREVIOUSLY ABOUT YOUR COMPLAINT? *(please indicate below)*

Class teacher:	<input type="text"/>	Year Level:	<input type="text"/>	Assistant Principal:	<input type="text"/>	Principal:	<input type="text"/>
Other <i>(please specify)</i>							

SCHOOL DETAILS:

School Name:	Campus:
Principal Name:	
Teacher's Name (if applicable):	
Telephone: B/H	Mobile:

THIS COMPLAINT IS RELATED TO *(tick relevant box/es):*

- ☐ The administration or management staff member of the school
- ☐ A classroom teacher
- ☐ A staff member other than the child's teacher at the school
- ☐ Aspects of the AIU program or provider.
- ☐ Other (please specify): _____

HAVE YOU TAKEN THE CORRECT STEPS IN RESOLVING THE ISSUE BEFORE LODGING THIS FORM? *(tick relevant box/es and provide details in spaces provided below)*

Class Teacher

- ☐ Yes
- ☐ No

Principal

- ☐ Yes
- ☐ No

Support Officer

- ☐ Yes
- ☐ No

AIU/Affiliated

- ☐ Yes
- ☐ No

DETAILS OF THE MEETINGS *(Attach additional information as required):*

Date/s of meeting/s with Class Teacher:

Outcome of meeting/s:

Date/s of meeting/s with Principal or Support Officer (AIU/Affiliated Organisation):

Outcome of meeting/s:

HOW DO YOU BELIEVE THIS ISSUE COULD BE RESOLVED?

Applicant's Signature: _____

Date: _____

Send the form to the AIU office by letter or email

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