



INSPIRE RESOURCE MANAGEMENT

Please send this form to: info@inspirerm.com.au

OFFICE USE ONLY	
DATE RECEIPT:	_____
RECEIVED BY (SIGNED):	_____
FILE NAME:	_____
FILE NUMBER:	_____

Complaint Form – domestic students ONLY

*Indicates required field

1. Personal Details

*Family Name:	_____	*Date of Birth:	_____
			(dd/mm/yyyy)
*First Name:	_____	<input type="checkbox"/> - Male	<input type="checkbox"/> - Female
*Address:	_____		
*Telephone:	_____	*Mobile:	_____
*Email:	_____		
*PREFERRED METHOD OF CONTACT:	<input type="checkbox"/> Email <input type="checkbox"/> Mail/Post		

2. Course Details

*Student ID Number:	_____
*Name of Institution:	_____
*Campus and/or Address of Institution:	_____
*Name of Course:	_____
*Year of Study:	_____

3. Nature of Complaint

My complaint relates to:

- Quality of course/material
- Misleading advertising
- Academic Results
- Refund issues
- Other Matters: (Please specify)

4. Consent to IRM to Access Student File from Education Provider

I, _____,
(full name),

consent to IRM to gain access to my student file from

(provider)
in relation to my complaint regarding the provider.

I agree to the full disclosure of my personal information, including my academic results and/or attendance records.

I understand that such information may be disclosed or forwarded to third parties, such as an External Reviewer, State Training Authorities, State and Federal Regulatory Bodies, Department of Education, Employment and Workplace Relations (DEEWR), Centrelink and other agencies for investigation.

Signed: _____ (handwritten signature) Date: _____

5. Payment

A lodgement fee of \$200.00 is required. Upon receipt of lodgement an invoice will be issued and must be paid within 7 days.

6. Terms and Conditions

- The information requested on this form is essential to investigate the complaint regarding the provider and will be treated in the strictest confidence and only be used for the intended purpose.
- I agree to indemnify the external review panel member, the executive council and any members of staff of IRM against any complaints, suits of action, legal proceedings, liability whatsoever arising out of the process and proceedings in relation to complaints and the determinations made as part of the outcome.
- I declare that the information I have supplied in this application is true, complete, correct and up-to-date in every detail.
- I understand that if I give false or misleading information, including supplying false, or forged documentation, my complaint may be refused, and any such information or documentation may be referred to external agencies.
- I authorise IRM and/or the external reviewer to make any enquiries necessary to verify my claims and any information supplied in this application in relation to the complaint.
- The agencies/organisations to which information may be disclosed include:
 - federal, state or territory government agencies;
 - federal, state or territory law enforcement agencies including the Australian Federal Police (AFP);
 - state or territory housing authorities (including private landlords);
 - local government authorities;
 - financial institutions;
 - educational institutions; and
 - private businesses (including telecommunication and internet service providers, insurance companies).
- I consent to my details and information about my application being provided to the above agencies.
- I have read and understood the information supplied to me in this application.
- I hereby state that the information contained in this form is true, correct and accurate.

Signed: _____ (handwritten signature) Date: _____