

ISP Complaints Form

This form should be completed by international students, parents, legal guardians, homestay providers or education agents to lodge a formal complaint about the Department of Education's (DE or the department) International Student Program (ISP). A complaint is an expression of dissatisfaction with the quality of an action taken or service provided, or dissatisfaction with a delay or failure in providing a service, taking an action, or making a decision.

Notes about this form

- The [ISP Complaints and Appeals Procedure](#) provides an overview of the steps that international students, parents, legal guardians, homestay providers or education agents can take to deal with complaints and appeals relating to ISP.
- This form should be read in conjunction with the [ISP Complaints and Appeals Policy](#).
- You can use this form to submit a formal complaint to the department's International Education Division (IED) when you have attempted to resolve a matter informally and you are dissatisfied with the outcome.
- The complainant should complete the form in English and provide all necessary information requested. The completed and signed form, and any relevant supporting documentation, should be submitted to DE (IED) at: isp.quality@education.vic.gov.au.
- If you wish to express your dissatisfaction with a formal decision, the matter will be dealt with as an appeal, and you should complete and submit the [ISP Appeals Form](#).

Complainant to complete this section

Complainant Details

1	Complainant first name	<input type="text"/>
2	Complainant last name	<input type="text"/>
3	Relationship to student/s	<input type="text"/>
4	Residential address	<input type="text"/>
5	Telephone number/s	<input type="text"/>
6	Email/s	<input type="text"/>

International Education Division
Department of Education

200 Victoria Parade Tel: +61 3 7022 1000
East Melbourne Victoria Email: international@education.vic.gov.au
Australia 3002

www.study.vic.gov.au

Student Details

Please provide the student/s details below (if applicable).

7	Student 1 – ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Student 1 - Full name <input type="text"/>	Year level <input type="text"/>
8	Date of birth <input type="text"/>	School <input type="text"/>	
9	Student 2 – ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Student 2 - Full name <input type="text"/>	Year level <input type="text"/>
10	Date of birth <input type="text"/>	School <input type="text"/>	
11	Student 3 – ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Student 3 - Full name <input type="text"/>	Year level <input type="text"/>
12	Date of birth <input type="text"/>	School <input type="text"/>	

Additional Support

Please advise us if you require a translator to assist with any phone calls that may take place.

13	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Language	<input type="text"/>
15	Dialect	<input type="text"/>

Complaint Details

Please outline the details of your complaint below. Attach extra pages, if required. Please also ensure that you attach copies of any relevant supporting documents.

Desired Complaint Outcome

Please outline what outcome you are seeking below. Attach extra pages, if required. Please note, stating your desired outcome here does not guarantee that it will be granted.

Complainant's signature

Signature:

Date:

Document maintenance

Strategy and Quality Assurance Unit
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