

STUDENT OMBUD OFFICE



University of South Australia

Ph: (08) 8302 0911

Fax: (08) 8302 0719

AUTHORITY TO COMMENCE INQUIRIES

The Student Ombud Office is a student service which can be contacted after all other avenues of enquiry have been pursued. All matters brought to the attention of this office are treated as private and confidential unless otherwise agreed. Information will be divulged only where necessary for the purposes of enquiry.

Family Name : _____ Student ID number _____

Given Name(s): _____

Division: _____ School: _____

Program: _____ Year/Stage: _____

Home Address: _____

Postcode: _____ Home phone number: _____

Work or daytime contact times and phone numbers: _____

Mobile phone number: _____

Email address: _____

Brief description of complaint:

Desired Outcome :

Signed: _____ Date _____

Copies of supporting and relevant documentation should be attached wherever possible.

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WAIVER OF CONFIDENTIALITY

The Office of the Student Ombud is a service for students which can be contacted after all other avenues of enquiry have been pursued. All matters brought to the attention of this Office are treated as private and confidential. Information will be divulged only where necessary for the purpose of enquiry.

I,, authorise the UniSA Student Ombud Office to release any or all records and information pertaining to my contacts and interactions with that office to those who need to be legitimately involved in the resolution of my complaint, as outlined in policy A-46.0, *Confidentiality of Students' Personal Information*.

I understand that the Student Ombud Office reserves sole discretion in determining what records and information are pertinent and appropriate for release, and that information compromising the confidentiality of others will not be released without permission of those individuals

I also understand that by signing this document I am waiving any and all claims against the Student Ombud Office for any and all damages and/or injuries that arise subsequent to the release of such information.

Signed: _____ Date: _____