

3 June 2026

A.L

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Tēnā koe A.L.

## Official Information Act Request

Thank you for your request of 6 May 2026, under the Official Information Act 1982, for the following information [numbers added to aid our response]:

- (1) Complaint Statistics:** *The total number of complaints received alleging breaches of the Code since it came into force on January 1st 2022, split by year and further broken down by action taken: (e.g., No action, referred back to provider/other agency, preliminary inquiry, formal investigation).*
- (2) - Analysis of Complaints Resulting in Action:** *For all complaints that resulted in a formal investigation, a finding of non-compliance, or a compliance notice, please provide:*

  - *Type and Theme of Complaint: The specific Outcome of the Code alleged to have been breached (e.g., Outcome 1, Outcome 4, etc.) and the general theme of the concern (e.g., student accommodation, mental health, physical safety).*
  - *Institution Name, or if confidentiality obligations prevent explicit naming, by region and provider type*
  - *The reasons or criteria that led these specific matters to be prioritized for investigation compared to those where no action was taken.*
  - *The final regulatory outcome for these complaints (e.g., breach identified, improvement notice issued, or no breach found after investigation).*
- (3) - Analysis of "Non-Action" Complaints:** *For all complaints where NZQA decided to take no further action (including those closed after preliminary inquiries), please provide:*

  - *Type and Theme of Complaint: The specific Outcome of the Code alleged to have been breached (e.g., Outcome 1, Outcome 4, etc.) and the general theme of the concern (e.g., student accommodation, mental health, physical safety).*
  - *Institution Name, or if confidentiality obligations prevent explicit naming, by region and provider type*
  - *The specific grounds for non-action (e.g., deemed out of scope, failed to meet the threshold for investigation, referred to a different dispute resolution scheme).*
  - *Any internal guidance or "threshold documents" used by staff to determine when a specific type of complaint does or does not warrant further inquiry.*
- (4) - Monitoring & Verification:** *Documentation outlining the mechanisms used to monitor provider compliance. Specifically, I request information on how NZQA verifies the self-review reports and attestations submitted by providers to ensure they are accurate.*
- (5) - Non-Compliance Processes:** *Procedures followed when NZQA identifies potential non-compliance via external sources (e.g., media reports, whistleblower tips, etc).*
- (6) - Thematic Reviews:** *A list of any thematic or strategic reviews NZQA has undertaken into specific Code outcomes (e.g., student accommodation or mental health services) since 2022.*

## Our Response

We have responded to each item of your request separately below. Appendices 1 and 2 provide further detail relating to investigated complaints and complaints that did not progress to formal investigation.

### **Item 1: Complaint Statistics**

#### ***Description***

You requested the total number of complaints received alleging breaches of the Code since 1 January 2022, broken down by year and by action taken.

#### ***Response***

A total of 77 complaints alleging breaches of the Code were received between 1 January 2022 and 6 May 2026. The table below provides the number of complaints received each year and the number that progressed to formal investigation.

	Complaints received	Number of Complaints investigated	Number of Breaches resulting from investigations
2022	15	2	1
2023	10	1	0
2024	11	3	1
2025	29	10*	0 (7 still being investigated)
2026 (to 6 May)	12	1	0
<b>Total</b>	<b>77</b>	<b>17</b>	<b>2</b>

\*Of the 10 complaints investigated in 2025, five relate to one provider and remain under investigation, with a further two relating to a second provider with an investigation also ongoing. The remaining three were closed with no breach identified.

Of the remaining complaints that did not progress to formal investigation:

- some were referred to providers for resolution through the provider's own complaints process
- some were referred to another agency or dispute resolution pathway
- some were resolved through engagement with the provider
- some were recorded within NZQA systems to inform future regulatory intelligence, monitoring, or quality assurance activity
- some were withdrawn by the complainant.

### **Item 2: Analysis of Complaints Resulting in Action**

#### ***Description***

You requested information relating to complaints that resulted in formal investigation, including the type and theme of complaint, provider type, reasons for prioritisation, and final regulatory outcome.

#### ***Response***

Of the 77 complaints received, 17 progressed to formal investigation. Details of these complaints are provided in Appendix 1. Providers have been identified by provider type rather than by name or region.

Region information has not been provided because, in combination with provider type and complaint subject matter, it may identify providers involved in individual matters, including ongoing investigations.

NZQA assesses all complaints and concerns received under the Code to determine the most appropriate regulatory response. This assessment considers:

- the seriousness of the issues raised
- how long ago the situation occurred
- the potential impact on learner wellbeing and safety
- whether there are indications of broader or systemic issues
- other regulatory work occurring in relation to the provider
- whether the matter falls within NZQA's regulatory role under the Code
- whether NZQA already holds relevant information regarding the provider or programme
- whether the provider has had the opportunity to address the concern through its own processes
- whether there is sufficient information to indicate potential non-compliance with the Code.

Complaints are prioritised for formal investigation where the available information indicated potential non-compliance with the Code, risk to learners, or broader quality assurance concerns requiring regulatory oversight.

The final regulatory outcomes of investigated complaints included:

- breach identified
- no breach identified following investigation
- investigations remaining ongoing at the time of this response.

Appendix 1 includes:

- the type and theme of complaint
- the provider type
- the regulatory outcome for each investigation.

NZQA does not consistently record complaints against specific Code outcomes at intake stage. Complaint themes and investigation outcomes have therefore been provided as the closest available information.

### **Item 3: Analysis of “Non-Action” Complaints**

#### ***Description***

You requested information relating to complaints where NZQA decided to take no further action, including the grounds for non-action and any threshold guidance used by staff.

#### ***Response***

Of the 77 complaints received, 60 did not progress to formal investigation. Details are provided in Appendix 2 including:

- the type and theme of complaint
- the provider type
- the grounds for the matter not progressing to formal investigation
- the action taken by NZQA.

For the purposes of this response, these matters are referred to as “non-action” complaints in line with the wording of your request. In many cases, however, NZQA undertook regulatory or administrative action short of formal investigation.

This included:

- referring complainants back to providers to use the provider’s own complaints process
- referring matters to another agency, dispute resolution body, or organisation
- the quick resolution of minor matters by contacting provider
- recording information within NZQA systems to inform future monitoring, quality assurance, or regulatory activity

Grounds for complaints not progressing to investigation included:

- insufficient information or evidence to indicate non-compliance with the Code
- matters being outside NZQA’s regulatory role or jurisdiction
- concerns being more appropriately addressed through provider complaint processes or another agency
- concerns relating to individual matters/circumstances that did not indicate broader systemic or regulatory issues
- consideration of NZQA resources and public interest criteria
- the complaint being withdrawn by the complainant.

NZQA does not currently utilise a single standalone “threshold document” to determine whether complaints proceed to formal investigation. Complaints are assessed using professional judgement, considering the nature, seriousness, scale, and context of the issues raised, alongside NZQA’s regulatory role and any relevant information already held by NZQA.

Information from complaints that do not progress to formal investigation may still be retained and used to inform future regulatory intelligence, monitoring, and quality assurance activity.

For completeness, we have provided two legacy documents that require updating to align with the Integrated Quality Assurance Framework (iQAF) introduced by NZQA at the start of 2026. They are:

- Concerns management guidance.docx; and
- Triaging assessment template.docx

#### **Item 4: Monitoring and Verification**

##### ***Description***

You requested information outlining the mechanisms used to monitor provider compliance, including how NZQA verifies provider self-review reports and attestations.

##### ***Response***

NZQA uses a range of mechanisms to monitor provider compliance with the Code. These include provider self-review reports, attestations, complaints information, critical incident reporting, monitoring activities, and broader quality assurance processes.

NZQA does not currently hold one consolidated document describing all monitoring and verification processes. However, the current approach is outlined below.

As Code Administrator, NZQA monitors how providers comply with, and give effect to, the Code. A key mechanism supporting this role is provider self-review, where providers assess their own performance against Code requirements and identify areas for improvement.

NZQA does not prescribe one standard methodology for provider self-review. Providers are expected to develop processes appropriate to their size, educational context, delivery model, and learner needs.

Between 2023 and 2025, NZQA undertook a Code attestation process to confirm that providers had completed and, where required, published self-review reports, and had submitted complaints and critical incident information. This information supported NZQA's understanding of provider compliance and areas where further engagement or support may be required.

From the start of 2026, NZQA introduced the integrated Quality Assurance Framework (iQAF), which includes an annual Tertiary Education Organisation review process. Compliance with Code requirements forms part of this.

NZQA applies a risk-based approach to monitoring and verification.

NZQA may verify information provided by providers through cross-checking against complaints information, critical incident reporting, monitoring activity, external information, regulatory intelligence, and engagement with providers.

Information from self-review reports may be considered alongside complaints, monitoring activity, critical incidents, external information, and other regulatory intelligence to identify whether further follow-up or regulatory action may be required.

A summary of NZQA's monitoring activity is publicly available on NZQA's website at:

<https://www2.nzqa.govt.nz/assets/Tertiary/The-Code/NZQA-Code-Administrator-Report-2025.pdf>

## **Item 5: Non-Compliance Processes**

### ***Description***

You requested information about the procedures followed where NZQA identifies potential non-compliance through external sources such as complaints, media reports, or whistleblower information.

### ***Response***

Where NZQA becomes aware of potential non-compliance through external sources such as complaints, media reports, whistleblower information, monitoring activity, interagency engagement, or open-source intelligence, the information is triaged and assessed to determine the most appropriate regulatory response.

Open-source intelligence may include publicly available information from sources such as news media, publicly accessible websites, social media platforms, public statements, or other open-source material relevant to NZQA's regulatory functions.

The assessment process considers:

- the seriousness of the issues raised
- the source and reliability of the information
- the potential impact on learner wellbeing and safety
- whether the concerns indicate non-compliance with the Code
- whether the issues appear isolated or systemic
- whether NZQA already holds relevant information regarding the provider
- whether another agency or organisation is better placed to respond
- whether further monitoring, engagement, or investigation is required.

Where concerns indicate potential non-compliance or broader regulatory risk, NZQA may undertake further enquiries or initiate an investigation.

Where non-compliance is identified, NZQA may take a range of actions depending on the circumstances. This may include requiring corrective action, increased monitoring, follow-up activity, guidance, recommendations, or statutory action available under the Education and Training Act 2020 and the Code framework.

Information obtained through complaints, monitoring activities, external referrals, or open-source intelligence may also be recorded and used to inform future regulatory intelligence, monitoring, and quality assurance activity.

## **Item 6: Thematic Reviews**

*Reviews undertaken by NZQA since 2022 are listed and summarised below:*

- **Student accommodation monitoring (2021-2023):** NZQA, in partnership with Te Pūkenga and Universities New Zealand, carried monitoring of exempt student accommodation across the private training establishment (PTE), polytechnic, and university subsectors. This activity was meant to help us understand the student accommodation landscape in Aotearoa New Zealand, and the key practices in place at tertiary education providers to give effect to the Code in these environments. Summaries of these reports are publicly available at the following links:
  - NZQA Summary Report on Student Accommodation Monitoring: <https://www2.nzqa.govt.nz/tertiary/the-code/the-code-for-education-providers/code-resources-for-tertiary-providers/summary-report/>
  - Universities New Zealand University Student accommodation verification summary report: <https://www2.nzqa.govt.nz/assets/Tertiary/The-Code/Accommodation-Verification-report-NZQA.pdf>
- **Review of the homestay accommodation under the Code (2025):** NZQA conducted a desk-review of homestay accommodation in relation to the Code's requirements. This review was meant to help us understand how providers who offer or manage homestay accommodation are giving effect to the Code's requirements in these environments. A practice handbook was developed as a resource following this review. A summary of the review and the handbook is publicly available at the following link:
  - Homestay and the Code handbook: <https://www2.nzqa.govt.nz/assets/Tertiary/The-Code/NZQA-Code-Administrator-Report-2025.pdf>
- **2025 Code administrator report:** NZQA's summary overview of our key activities for 2024/25 and an update on our Code priorities in 2025/26. The report also includes an analysis of the tertiary sector's implementation of the Code from 2022 to 2024. The report is publicly available at the following link:
  - Link to 2025 Code administrator report: <https://www2.nzqa.govt.nz/assets/Tertiary/The-Code/NZQA-Code-Administrator-Report-2025.pdf>

## **Other information you may find useful**

As part of our role as Code Administrator, we periodically publish reports. As we delegate to Universities New Zealand (UNZ) some monitoring responsibilities of universities' compliance with the Code, we also publish UNZ reports. Some of this material may be of interest to you.

They are published on NZQA's website here: <https://www2.nzqa.govt.nz/tertiary/the-code/nzqa-as-code-administrator/>.

Our response to your request may be published on our website after five working days. Your name and contact details will be removed before publication.

If you require further assistance or believe we have misinterpreted your request, please contact Elizabeth Templeton in the Office of the Chief Executive, email [elizabeth.templeton@nzqa.govt.nz](mailto:elizabeth.templeton@nzqa.govt.nz) or telephone (04) 463 3339.

You have the right to seek an investigation or review by the Ombudsman of this decision under section 28(3) of the Official Information Act 1982. Details of how to make a complaint can be found at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz). You can also telephone 0800 802 502 or write to the Ombudsman at PO Box 10152, Wellington, 6143.

Nāku nā



Dr Grant Klinkum  
Pouwhakahaere/Chief Executive

<b>Date of triaging assessment</b>	
<b>Assessed by</b>	Choose an item.
<b>Primary recommendation:</b>	Choose an item.
<b>Secondary recommendation (optional):</b>	Choose an item.

**Informant details:**

<b>Is the information anonymous:</b>	Choose an item.
<b>Name:</b>	Name / N/A
<b>Email:</b>	
<b>Phone:</b>	
<b>Type:</b>	Choose an item.

**Provider details:**

Type	Choose an item.
Trading name	
MoE number	
Company Name & NZBN (not needed if EDUMIS known)	
Specific programme/micro-credential	Name / N/A
Formal complaint made to provider	Choose an item.

**Jurisdiction:**

Allegations within the scope of NZQA	Choose an item.  If no, note allegations – no need to proceed with triaging assessment; refer to appropriate agency)
Referral to another agency needed?  (Where the issue concerns discrimination or human rights allegations, it's best to advise the informant to go to the HRC, rather than for us to refer.)	Choose an item.

**Main issues the concerns relate to:**

*No need to note down every single allegation mentioned by the informant. Focus on the main points.*

<b>NZQA Rules</b>	<b>Summarise main allegations in a couple of sentences</b>

<b>Code of Practice</b>	
<b>Education and Training Act</b>	

### Severity assessment

<b>Consideration</b>	<b>Assessment</b>
<b>Is there immediate risk to learner safety?</b>	
<p><i>Allegations relating to serious learner safety issues should be given priority, especially if they relate to physical safety, including physical safety risks due to mental health distress.</i></p> <p><i>Note: This assessment is about imminent risk – it may be about an issue that is yet to occur or re-occur. Consider whether there is realistic risk to a learner being harmed or if the harm has already occurred, for other learners to be harmed in the same way. Also consider the urgency of the matter and escalate accordingly.</i></p>	
<b>Is there significant and widespread risk to qualification integrity?</b>	
<p><i>Concerns about poor assessment practice should be given priority especially where there is reason to believe that the issue is widespread or is related to a high-risk field such as health and safety. For example, allegations that a tutor is providing assessment answers to a whole class or that there is frequent undetected plagiarism. On the other hand, allegations from individuals about unfair marking are of much lower priority.</i></p>	
<b>Are the allegations about serious or systemic learner wellbeing and safety concerns?</b>	
<p><i>This is a high bar. For an allegation of this nature to be deemed serious enough to require investigation, it would need to be an issue affecting many learners (e.g. accommodation conditions) or a particularly egregious issue affecting a single learner. A learner stating concerns about feeling unsupported in a stressful situation are much lower in severity than a learner being injured on campus due to TEO negligence.</i></p> <p><i>An example of an issue affecting a single learner that is particularly egregious would be where a TEO staff member has acted inappropriately in some way or</i></p>	
<b>Are the allegations about labour or financial exploitation of learners?</b>	
<p><i>Allegations regarding labour and financial exploitation of learners are usually serious.</i></p>	

*Allegations about TEO staff requesting additional payments or favours from learners would fall in this category, as would any SFP-related issues.*

**Are the allegations regarding the FFP/COI of PTE governance members or senior managers?**

*Allegations regarding matters affecting an individual's ability to be deemed a FFP or undeclared COIs are usually more serious in nature and typically would need to be followed up.*

**Has the provider already acknowledged the issue?**

*Where the provider has already dealt with the concerns and has acknowledged process shortcomings, there may be no point in investigating further. For issues of particular importance, we can instead write to the provider explaining our awareness of the issues, any associated breaches and expectations for improvement in future. No further action would be required.*

**Is there a realistic media risk for NZQA?**

*This is a high bar. An informant just saying they are planning to go to the media doesn't mean there is a realistic medial risk. Consider the nature of the concerns, and how likely it would be for a media outlet to be interested.*

*Media outlets receive hundreds of tip offs daily about a range of issues. They report on very few of them that are either of significant impact or are "scandalous" in some way to attract reader engagement. Concerns from current or former learners about the perceived quality of a programme, lack of support, or anecdotes about tutor discrimination are less likely to be of interest to the media. On the other hand, concerns from staff members or other informants alleging wide-spread fraud or any type of physical safety concerns. Particularly salacious concerns from any informant are also at higher risk to attract media attention.*

**Rating:**

Choose an item.

**Rationale:**

*Summarise why you've reached this decision.*

**Likelihood assessment**

**Consideration**

**Assessment**

<b>Is the provider under investigation currently?</b>	
<i>If we have confirmed non-compliance at the TEO already, then it's more likely that there is substance to the allegations.</i>	
<b>Have we received three or more (including this one) allegations about this provider in the last 12 months?</b>	
<i>If we have received multiple lower-level concerns about the same provider over a reasonably tight timeframe, these could be indicative of systemic issues, even if low-level individually.</i>	
<b>Do we know anything about the provider's QA history that would give the allegations more credibility?</b>	
<i>Consider recent QA history (last 2-3 years). Has the issue of concern been the subject of an EER focus area or monitoring? How does that compare to the allegations? If not, consider the broader QA history of the provider, including any previous complaints about. Generally, if the provider has had mostly good QA history, we would consider the allegations less likely to be symptomatic of systemic issues at the TEO.</i>	
<b>Are the concerns about something that has taken place reasonably recently?</b>	
<i>The further back the allegations go, the less likely it would be for us to find corroborating information.</i>	
<b>Are the concerns clearly articulated and narrow in scope?</b>	
Is it clear what specifically the concerns are about? Less specific and all-encompassing allegations, where it's hard to determine what the main issue is are less likely to be credible.	
<b>Are the concerns based on facts that can be verified or are they subjective allegations?</b>	
There is more investigative value in issues that can be verified, rather than allegations about how someone felt about something or how something was perceived. Complaints that are personal in nature or involve interpersonal conflict may be of lower investigative value.	
<b>Is the informant a current or former staff member or another person who is likely to have firsthand knowledge of the provider's inner workings?</b>	

*It is important to consider the reliability of the information source. Typically, a staff member of a TEO would have more reliable information about the systems of a TEO, rather than a learner who is basing their concerns on their individual experience.*

<b>Rating:</b>	Choose an item.
<b>Rationale:</b>  <i>Summarise why you've reached this decision.</i>	

<b>Overall Rating</b>	<b>Severity</b>	<b>Likelihood</b>
	Choose an item.	Choose an item.
<b>Document any changes following triaging meeting:</b>		

<b>Next steps</b> <ul style="list-style-type: none"> <li>• Quick resolution</li> <li>• Investigate (advise informant of outcome)</li> <li>• Investigate (no notification of outcome to informant)</li> <li>• Note</li> <li>• Refer to another agency</li> <li>• Inform next QA activity</li> <li>• Write to TEO about issues they have acknowledged</li> </ul>	<b>Primary action:</b> (Specify next steps – for example, if the next action is to inform next QA activity, state which one)  Choose an item.	<b>Secondary action (optional):</b>  Choose an item.
	Reply to informant using templates	

## Concerns management and triaging guidance

### Process

Anyone wanting to pass concerns on to us has to complete the webform available on our website. This will enable us to gather consistent information to enable us to triage concerns.

If a person is experiencing difficulties with the webform and needs support in completing it, then our contact centre can assist them with completing the form.

If an email is received into the [risk@nzqa.govt.nz](mailto:risk@nzqa.govt.nz) mailbox with a complaint about a provider, we need to refer them back to the webform. A template email is available.

The Team Leader, Risk will allocate cases for triaging as they come in.

**NB:** Complaints about schools (outside of the context of the Code for international students) or NCEA can be referred to the Assessment Division immediately without triaging.

### Purpose of triage

All information provided to us is valuable, but not all concerns need to be investigated.

We need to prioritise our resources so we can effectively and proactively manage risks across the sector. Investigating every single grievance would hinder our ability to proactively identify or address serious or widespread risks to educational quality or learner wellbeing.

The purpose of the triage process is to determine what if any follow up action is required from NZQA in response to any concerns raised with us.

The triage process is separate from any follow up investigation. If the triage determines that follow up is necessary, that will be managed under a separate Awatere case. The concerns case is closed following triaging, with the outcome recorded based on the recommended action.

### How to triage

Use the designated triaging template. Be as concise as possible.

Important Considerations:

- **Context matters:** What might be minor in one situation could be more significant in another, depending on the vulnerability of the student and what else we know about the provider.
- **Systemic issues vs. isolated incidents:** We need to prioritise concerns that have serious systemic implications rather than one-off individual grievances. Repeated lower-level concerns may indicate something more systemic at play.
- **No serious harm:** A key differentiator between a minor and a serious allegation is whether it concerns serious harm to a student due to the actions of a provider or to the integrity of qualifications.
- **Not every single issue needs to be followed up:** Even where we prioritise concerns for further investigation, we do not need to follow up on every minute issue an informant may have mentioned. It's important to identify the core issues and focus on those.

**Step 1:** Determine if the issues at hand fall within our scope. If not, you can proceed directly to recording the outcome as referring the information elsewhere. Notify the informant and pass on to the relevant agency.

Be holistic in thinking of our scope as an agency – the Act, rules and the Code. If you are not sure if something is within NZQA's scope or how it relates to a particular rule, check with a colleague.

There may be instances where an issue is not definitively spelled out in a rule but the events outlined are not in the spirit of our requirements. In those cases, you may indicate that the issue is within our scope and what the closest relevant requirement is. In the body of the template, you can outline more detail if needed.

**Step 2:** Determine if there is enough information provided to carry out the triaging. It's best to rely on the information provided and not to enter into correspondence with the informant prior to the triage assessment as that may give them the impression that we will be following up on their concerns. Only contact the informant for additional information to support triaging by exception. If you do so, be very clear that this is only for the purposes of assessing the situation and does not imply we will investigate.

**Step 3:** Determine the severity of the issue. Guidance is provided in the form. You need to exercise judgement and consider the nature and size of the issue, as well as any realistic reputational risks for NZQA.

**Step 4:** Determine the likelihood that the allegations are true; or likely to be ongoing in nature; or are something that would result in us finding a serious breach of NZQA Rules, the Code or the Act.

**Step 5:** Recommend actions depending on the severity / likelihood assessment. The triaging matrix may be of assistance, but you are not bound by it.

**Step 6:** Attend triaging meeting to check and agree approach.

### **Contacting the person**

Following triage, we need to notify the informant of our next steps. Whether or not we keep the person informed of the progress of our enquiries (only where we decide to investigate further) will depend on:

- Whether the issues at hand are personal in nature to the individual where it would make sense for them to be informed of the outcome; or
- Where the concerns are Code-related and the individual may intend to seek compensation through Study Complaints, who would need an outcome from us as to whether a breach has occurred. *(For clarity, intending to seek compensation via Study Complaints is not sufficient grounds for us to investigate concerns. We would only do that if our triage assessment prioritises the issues for investigation.)*

### **Action**

Next steps will be determined by the triaging assessment. There is some flexibility in choosing the appropriate action depending on the specific circumstances of the case. For example,

issues at both ends of the severity scale may be appropriately addressed with “quick resolution” by speaking to the provider directly and requesting them to undertake a specific action.

- **Note:** Having good records means that we can more easily identify patterns in complaints we receive. We may not investigate a single complaint, but if we note that we have received three or more about a similar issue at the same TEO, we can then decide to investigate as that would indicate a more systemic issue. This is why record keeping is crucial.

**NB:** Only use “note” if there is no other action taken. It is not to be used in conjunction with other actions such as for example referring externally. We will note a concern in any case so it doesn’t need to be mentioned specifically, unless that is the only action we are taking.

- **Quick resolution:** Is the issue something that can be clarified with a phone call or an email to the provider (not necessarily by the Risk team)? *For example, a learner complaining that a provider won’t give them their qualification certificate until the learner returns borrowed resources. This is not a severe issue, but it can be quickly resolved by calling the provider and informing them that’s not allowed.*

**NB:** Only use quick resolution if you are actually getting in touch with the provider or doing something else other than contacting just the informant. If you’re giving guidance to the informant about their options, just **note**.

- **Inform next QA activity (“refer internally” in log):** Check if there are current QA activities or any planned in the next 12 months and notify the lead so they can consider the TEO policies or programmes that the concerns relate to in case as part of the QA process.
- **Investigate:** Initiate an Awatere case and carry out an investigation (unless there is already an open investigation this is being rolled into – if so, make a note in the risk issue). There is no separate “complaint investigation” process. We will investigate as we do any other investigation. This can be done by email, by asking the provider to comment on the allegations and provide supporting evidence. If you find any breaches of NZQA Rules or the Code, you may send a formal letter to the provider notifying them of that and any follow up action required.  
**NB:** Investigate outcome must be recorded in the investigations log and standard investigation process followed, irrespective of the scope or size of the investigation.
- **Write to provider to confirm breach of issue they have acknowledged**  
If the information supplied by the informant shows that the provider has acknowledged the issues (that are a breach of our requirements), or you can clearly see evidence of a breach, you can send the provider a letter confirming our awareness of the concerns, documenting the breach and asking them to ensure it doesn’t happen again. No further action is required. (No need to do this if the issues at hand are minor.)
- **Refer to another agency**  
If the allegations raised are about matters outside of our jurisdiction, we can still make a note of them and then refer them to another agency.

### Referrals to Police or the Human Rights Commission

For referrals to Police or the Human Rights Commission, it is best to advise the informant to take their concerns there, rather than to do it on their behalf. The only time we would refer something to the Police ourselves is when there is imminent danger to health or property.

### Referring to TEC on disability issues

An assessment of severity needs to be included in the triaging assessment before a referral on this type of issue is made to TEC. Consider the relative importance/criticality of the issues raised as part of the assessment.

Ensure the provider receives minimum NZ\$5 million before referring concerns about disabilities support to TEC.

### **Contact the informant**

If we have the informant's email address, you need to email them to let them know the outcome of our assessment. Templated emails are available.

### **Record keeping**

Record keeping is of paramount importance. You must:

- Create a risk issue for every single concern we receive, even if no further action is needed. You can open and close it immediately. At a minimum, every concern is noted.
- Select 'complaint' as the indicator in the risk issue.
- Update the concerns log and try and be as specific as possible with the categories in the spreadsheet, i.e. use 'other' sparingly.
- In the spreadsheet you must not leave any field blank, i.e. there may be only one category, this means that you must put 'N/A' under the other category options.
- Remember to close the risk issue when done or escalate to investigation if the outcome of triaging is "investigate".
- Also ensure the folder in mahitahi is moved appropriately through the triage folders in the active folder.

## Appendix A – Examples of allegations related to the Code of Pastoral Care

### Low Severity Allegations:

These typically involve administrative or procedural issues that do not directly and significantly impact student safety or wellbeing but still fall short of the Code's expectations. Examples might include:

- **Minor delays in providing information:** For instance, a slight delay in providing new students with information about available support services or complaints procedures, but the information is eventually provided and is easily accessible.
- **Inadequate record-keeping:** For example, minor inconsistencies or omissions in records related to student welfare checks or accommodation inspections, where there is no indication of actual harm or risk to students.
- **Slightly outdated information on website:** If some of the information regarding student support on the provider's website is not entirely up-to-date, but key contact details and crucial safety information remain accurate.
- **Missed minor opportunities for student feedback:** For instance, not actively seeking student feedback on a particular non-critical service or initiative, but other feedback mechanisms are in place and functioning.
- **Perceived mistreatment:** Vague allegations about learners feeling unsupported or offended.

### Medium Severity Allegations:

These involve failures that could potentially negatively impact student wellbeing or safety, or indicate a systemic weakness in the TEO's pastoral care practices. Examples might include:

- **Failure to respond adequately to a non-urgent student concern:** For example, a student raises a concern about feeling isolated, and the provider's initial response is slow or doesn't offer appropriate support, potentially prolonging the student's distress.
- **Inconsistent application of policies:** If some students in similar situations receive different levels of support or have their concerns addressed differently due to inconsistent application of pastoral care policies.
- **Minor breaches in accommodation standards:** For example, student accommodation that has minor maintenance issues that are not addressed promptly, potentially affecting student comfort or safety (e.g., a faulty heating system in winter).

- **Weaknesses in complaints handling processes:** If the TEO's process for handling student complaints is unclear, difficult to access, or lacks transparency in timelines and outcomes.

### **High Severity Allegations:**

These involve serious failures that have a significant negative impact on student safety and wellbeing, potentially leading to harm or indicating systemic and serious breaches of the Code. Examples might include:

- **Failure to respond to a serious risk to a student:** For instance, if a student discloses suicidal ideation or experiences a significant safety threat, and the provider fails to take immediate and appropriate action to ensure their safety and provide support.
- **Systemic bullying or harassment that is not addressed:** If there is evidence of widespread bullying or harassment within the provider or in student accommodation that the provider is aware of but fails to address effectively, creating an unsafe environment.
- **Significant breaches in accommodation safety or standards:** For example, student accommodation that does not meet basic safety standards (e.g., fire safety regulations) or is in a state of disrepair that poses a serious risk to student health and safety.
- **Failure to provide adequate support for vulnerable students:** If the provider fails to identify and provide appropriate support for students who are known to be at higher risk, such as international students facing significant cultural adjustment issues or students with disabilities who require specific accommodations.
- **Deliberate withholding of information about risks or support:** If the provider intentionally withholds crucial information from students about potential safety risks on campus or available wellbeing support services.

## Appendix B – Examples of allegations related to NZQA Rules

### Low Severity Allegations:

These typically involve minor administrative errors, misunderstandings of rules, or isolated incidents with minimal impact on the validity of assessments or qualifications. Examples might include:

- **Minor administrative errors:** A school or tertiary provider makes an easily correctable error in submitting student results.
- **Minor issues with record-keeping:** Isolated issues relating to record-keeping.
- **Dissatisfaction:** Learner dissatisfied with teaching style or inadequate academic appeal process.
- **Interpersonal conflict:** Conflict between learners or between a learner and tutor where there are no student safety issues.

### Medium Severity Allegations:

These involve non-compliance that could potentially compromise the fairness or validity of some assessments or qualifications, or indicate a more significant lapse in processes.

Examples might include:

- **Minor issues with student fee protection or enrolment processes:** Isolated incidents of non-compliance with rules related to student fees or enrolment that have a limited impact.
- **Lack of resources:** Allegations regarding inadequate technology or learning resources necessary for the programme.
- **Repeating course content:** A cohort of learners being asked to re-sit an assessment or repeat study due to provider error.

### High Severity Allegations:

These involve serious issues that significantly undermine the integrity of the NZQA qualification system, demonstrate systemic failures, or cause significant disadvantage to learners. Examples might include:

- **Widespread and systematic cheating or plagiarism:** Evidence of organized or widespread academic dishonesty within a school or provider.

- **Deliberate falsification of assessment results or records:** Intentionally altering grades or assessment documentation.
- **Operating without the required consent to assess or accreditation:** A provider delivering qualifications or assessing against standards without proper authorization.
- **Significant and systemic issues with the quality of teaching and assessment:** Evidence of widespread poor practices that undermine the validity and reliability of qualifications.
- **Mismanagement of student fees or financial irregularities that put students at significant risk:** Serious breaches of student fee protection rules.