

# Complaints and Appeals Form

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| Your Details                                                                                                                                                                                                                                                                                                                                                      |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Date:                                                                                                                                                                                                                                                                                                                                                             | / /                                          |
| Your Name:                                                                                                                                                                                                                                                                                                                                                        |                                              |
| Contact Details:                                                                                                                                                                                                                                                                                                                                                  | Phone:<br><br>Address:<br><br>Email Address: |
| <p>Please indicate which of the following applies to you:</p> <p><input type="checkbox"/> Prospective student</p> <p><input type="checkbox"/> Current student</p> <p><input type="checkbox"/> Past student</p> <p><input type="checkbox"/> Workplace or Employer</p> <p><input type="checkbox"/> Staff/Contractor</p> <p><input type="checkbox"/> Other _____</p> |                                              |
| <p>Please indicate if you are lodging a complaint, appeal or an assessment appeal.</p> <p><input type="checkbox"/> Complaint</p> <p><input type="checkbox"/> Appeal (unrelated to assessment)</p> <p><input type="checkbox"/> Assessment Appeal</p>                                                                                                               |                                              |
| <p>1. Please outline the issue you are complaining about or the decision you are appealing.</p> <p>Describe what happened and how it affected you in as much detail as possible.</p> <p>You may attach additional pages and supporting information and evidence as needed to support your complaint or appeal.</p>                                                |                                              |

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For complaints and appeals not related to assessment, please complete the following.

2. Please detail any steps you have already taken to resolve the issue.

3. Please make any suggestions to help resolve this issue.

4. Are there particular staff members of the RTO who may need be involved in the investigation of this complaint or appeal and in what way?

For assessment appeals, please complete the following.

5. Which unit and/or assessment task is this appeal in relation to?

Signed:

Date:

/ /

Printed name:

**Please return this form using the details below.**

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**The CEO / Delegate**

**Address: 105 South Gippsland Hwy Dandenong South VIC 3175 | Phone: 1300 366 015**