

## Complaint / Appeals Form

<b>Surname:</b>		<b>Title:</b>	
<b>First Given Name:</b>			
<b>Course title:</b>			
<b>Trainer / Assessor:</b>			
<b>Date of occurrence:</b>			
<b>Reason for your submission:</b>			
<b>Occurrences leading up to this submission:</b>			
<b>What outcomes are you seeking or expect?</b>			
<b>Can we improve our system to avoid these situations in the future?</b>			

By signing this form, I certify that the information provided is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Document History

Revision	Date	Description of modifications
1.0	September 2018	Original
2.0	October 2018	Customised and updated for 8 Dimension Education

## Document Details

Document Name: Complaints and Appeals form  
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