
COMPLAINT/CONCERN/APPEAL FORM

Section A: Contact Details

Student Name: _____

Course: _____

Trainer: _____

Contact Details: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

Date: ____ / ____ / ____

Section B: Complaint / Concern / Appeal

Please describe your complaint / concern / appeal fully, including any relevant background and previous actions you have taken to try to get the matter resolved.

Attach extra pages as necessary. Please list numbers of pages attached:

You're Complaint / Concern / Appeal [strike out the non-applicable]

What would you like the outcome of this complaint/appeal to be?

Section C: OFFICE USE ONLY

Received by: _____

Date: ____ / ____ / ____

Complaint/concern/appeal Number: CA# _____

A copy of this form showing date of receipt must be given to the student

Dispute heard by: [person or panel]

Name: (please print)

Signed:

Date:

_____ / _____ / _____

Section D: Outcome

To be completed by the Education & Training Manager

Complaint/Concern/Appeal resolved _____ / ____ / ____

The complaint/concern/appeal was not resolved. The next stage is to organise an appropriate external and independent agent to mediate between the parties. The student will need to attend mediation. The Education & Training Manager will be in contact with details of date, time and location.

Outcome Implemented/Notice of finding given to appellant in writing

_____ / ____ / ____

Student satisfied with outcome

_____ / ____ / ____

Recorded as completed in Complaints/Appeal Register

_____ / ____ / ____

Signed: _____

Name: _____

Date: ____ / ____ / ____

Copy to be provided to Student, once resolved.

Return by - **Email:** evolve@studymassage.com.au **Fax:** 1300 880 884 **Post:** 98 York Street, South Melbourne Vic 320