

# Complaints and Appeals Form



Complete the following form and lodge via relevant email. See Complaints and Appeals Policy & Procedure for more details.

## SECTION A. Your Details

<b>Date:</b>	
<b>Your Name:</b>	
<b>Student ID:</b> <i>(If Applicable)</i>	
<b>Contact Details:</b>	Phone:
	Address:
	Email Address:

Please indicate which of the following applies to you:

<input type="checkbox"/> Prospective student	<input type="checkbox"/> Past student	<input type="checkbox"/> Staff Member
<input type="checkbox"/> Current student	<input type="checkbox"/> Workplace or Employer	<input type="checkbox"/> Other <i>(Please specify)</i> _____

Please indicate which of the following you are lodging:

<input type="checkbox"/> Complaint	<input type="checkbox"/> Appeal <i>(unrelated to assessment)</i>	<input type="checkbox"/> Assessment Appeal Unit code/Title:
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## SECTION B. Complaint / Appeal Details

Please tick the following areas to which your complaint relates:

<input type="checkbox"/> Training Materials.	<input type="checkbox"/> Assessment Materials	<input type="checkbox"/> Services provided
<input type="checkbox"/> Training Facilities	<input type="checkbox"/> Assessment Facilities	<input type="checkbox"/> Personal conflict/Behavior
<input type="checkbox"/> Training Content/information		<input type="checkbox"/> Discrimination
<input type="checkbox"/> Training Environment		<input type="checkbox"/> Victimization
<input type="checkbox"/> Training – Others:		<input type="checkbox"/> Privacy Breach

Please outline the reasons for your complaint or appeal in as much detail as possible.

*Attach additional pages and supporting information as required*

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What actions have you taken, in an attempt to resolve this matter:			
What action/resolution would you like to see occur/implemented:			
<b>SECTION C. Declaration and Signature</b>			
<b>Please read the below declaration before sign and submission</b>			
I have read and understood the XS Complaints Policy and I declare that the other party to the complaint and appeal may be contacted in an attempt to resolve the issue. I agree that XS may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.			
<b>Signed:</b>		<b>Date:</b>	/ /

Please forward this completed form to the relevant nominated email address below for lodgment:  
**admin@xpert.edu.au**

Office Use ONLY	
<b>Date Received:</b>	___ / ___ / _____
<b>Acknowledgement Letter Sent Date:</b> <i>Must be sent within ten (10) working days</i>	___ / ___ / _____
<b>Complaint Sent Date:</b>	___ / ___ / _____
<b>Appeal Outcome:</b>	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful <b>Sent date:</b> ___ / ___ / _____