

# Complaints and Appeals Form

Your Details									
Date:		Phone:							
First Name:		Email							
Surname:		Address:							
Please indicate which of the following applies to you: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Prospective student</td> <td><input type="checkbox"/> Workplace or Employer</td> </tr> <tr> <td><input type="checkbox"/> Current student</td> <td><input type="checkbox"/> Partner Organisation</td> </tr> <tr> <td><input type="checkbox"/> Past student</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>				<input type="checkbox"/> Prospective student	<input type="checkbox"/> Workplace or Employer	<input type="checkbox"/> Current student	<input type="checkbox"/> Partner Organisation	<input type="checkbox"/> Past student	<input type="checkbox"/> Other _____
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<input type="checkbox"/> Current student	<input type="checkbox"/> Partner Organisation								
<input type="checkbox"/> Past student	<input type="checkbox"/> Other _____								
Please indicate if you are lodging a complaint, appeal or an assessment appeal. <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Complaint</td> </tr> <tr> <td><input type="checkbox"/> Appeal (unrelated to assessment)</td> </tr> <tr> <td><input type="checkbox"/> Assessment Appeal</td> </tr> </table>				<input type="checkbox"/> Complaint	<input type="checkbox"/> Appeal (unrelated to assessment)	<input type="checkbox"/> Assessment Appeal			
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<input type="checkbox"/> Appeal (unrelated to assessment)									
<input type="checkbox"/> Assessment Appeal									
1. Please outline the reasons for your complaint or appeal in as much detail as possible. You may attach additional pages and supporting information as needed.									
For complaints and appeals not related to assessment, please complete the following.									
2. Please make any suggestions you have to resolve this issue.									
3. Are there particular staff members of TechKnowledgey Pty Ltd who may need be involved in the investigation of this complaint or appeal and in what way?									
For assessment appeals, please complete the following.									
4. Which unit and/or task is this appeal in relation to?									
Signed:		Date:	/ /						
Printed name:									

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

<a href="mailto:learning@techknowledgey.edu.au">learning@techknowledgey.edu.au</a> <b>OR</b> <b>PO BOX 953 TEMPLESTOWE VIC 3106   Phone: 03 8539 4866</b>
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