

COMPLAINTS/APPEALS FORM

PART A: You			
Surname:		First Name:	
Suburb:		State:	
<input type="checkbox"/> I am a student	<input type="checkbox"/> I am an employer	<input type="checkbox"/> I am AGL staff	<input type="checkbox"/> Other
What is the concern?	<input type="checkbox"/> COMPLAINT (Complete Part B)	<input type="checkbox"/> APPEAL A DECISION (Complete Part C)	
PART B: Complaint Details			
Date of Incident:		Approx. time:	
Location of Incident:			
Persons involved:			
Description of Complaint:			
Did anything occur that lead to this complaint?			
What resolution or outcome are you seeking?			
PART C: Appeal Details			
Course/Program:			
Trainer/Assessor:			
Delivery Method:	<input type="checkbox"/> Workplace	<input type="checkbox"/> Classroom	<input type="checkbox"/> Online
What are you appealing to? (Include codes, assessment type, number, etc.)			
PART D: Declaration			
<input type="checkbox"/>	I acknowledge and certify that the information I have provided is true and accurate and is based on my own experience and knowledge.		
Signature:		Date:	

Please submit this form either in person to the HR Manager or via email to info@academygreen.edu.au

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