

## Complaints & Appeals Form

To be completed by student and submitted to the Skill360 office in person, by email or post.

1. PERSONAL DETAILS			
First Name:		Surname:	
Phone Number:		Mobile:	
Email Address:			
2. COURSE INFORMATION			
Course Name:			
Trainer Name:			
3. COMPLAINT/APEAL DETAILS			
Reason for Complaint / Appeal (please attached any supporting documentation)	<input type="checkbox"/> Trainer	<input type="checkbox"/> Assessment Result / Decision	
	<input type="checkbox"/> Training Content / Materials	<input type="checkbox"/> Another Student	
	<input type="checkbox"/> Third Party	<input type="checkbox"/> Skill360 Systems / Processes	
	<input type="checkbox"/> Other (please specify)		
Please provide details of complaint / appeal including any steps taken to resolve the issue:			
Date of Incident / Assessment Submission:			
Have you discussed this with your Trainer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were there other parties involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please provide further details (name of other parties involved)			
4. APPLICANT DECLARATION: In signing this form			
<input type="checkbox"/> I certify that the information I provided is true and correct			
<input type="checkbox"/> In submitting a complaint/appeal, I have read and understood the Complaints and Appeals Policy			
Signature		Date	

5. OFFICE USE ONLY			
Date Received:			Received by:
Signature:			
Entered into Complaint/ Appeals Register:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Comments on Resolution:			
Date of Response:			Signature:
Complaint/Appeal Resolved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Approved by:			
Signature:			Date of Resolution:
Closed in Complaints/ Appeals Register:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Closed by:			Signature: