

Complaints and Appeals Form			
Section 1: Personal Details			
Full Name:		Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Workplace: (if applicable)			
Address:			
Suburb:		Postcode:	
Email:			
Contact Number:			
Section 2: Training Program			
Code:			
Title:			
Commencement Date:			
Section 3: Complaint/Appeal Details			
Please select the type:	<input type="checkbox"/> Complaint	<input type="checkbox"/> Appeal	
Please select the following areas to which your complaint/appeal relates to:			
<input type="checkbox"/> Training Materials	<input type="checkbox"/> Assessment Tools	<input type="checkbox"/> Services Provided	
<input type="checkbox"/> Training Facilities	<input type="checkbox"/> Assessment Facilities	<input type="checkbox"/> Personal Conflict/Behaviour	
<input type="checkbox"/> Training Content/Information	<input type="checkbox"/> Assessment Environment	<input type="checkbox"/> Discrimination	
<input type="checkbox"/> Training Environment	<input type="checkbox"/> Assessment Location	<input type="checkbox"/> Victimization	
<input type="checkbox"/> Enrolment Process	<input type="checkbox"/> Fees and Charges	<input type="checkbox"/> Privacy Breach	
<input type="checkbox"/> Other (please specify):			
Please provide a detailed explanation of your complaint/appeal:			

Does your complaint involve another person (e.g. Trainer/Assessor)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you selected Yes, please provide their full name:			
Does your Complaint/Appeal involve a witness/es:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you selected Yes, please provide the name/s and contact details of the witness/es who are willing to support your claim:			
Full Name:			
Contact Number:			
Section 4: Declaration			
I have read and understood the Skillinvest Complaints and Appeals Policy & Procedure published on https://www.skillinvest.com.au/ and I declare that the other party to the complaint/appeal may be contacted in an attempt to resolve the issue. I agree that Skillinvest may conduct an independent investigation and evaluation check and through this process, and I may be requested to submit further information upon request or attend a meeting to discuss further.			
Full Name:			
Signature:		Date:	/ /
Please submit the completed and signed Complaints and Appeals Form to Skillinvest via email feedback@skillinvest.com.au and mark the title as 'Confidential'.			