Complaints and Appeals Form						
Section 1: Personal Details						
Full Name:		Title:	☐ Mr	☐ Mrs	☐ Ms	☐ 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:	☐ Complaint		☐ Appeal			
Please select the following areas to which your complaint/appeal relates to:						
☐ Training Materials	☐ Assessment Tools		☐ Services Provided			
☐ Training Facilities	☐ Assessment Facilities		☐ Personal Conflict/Behaviour			
☐ Training Content/Information	☐ Assessment Environment		☐ Discrimination			
☐ Training Environment	☐ Assessment Location		☐ Victimisation			
☐ Enrolment Process	☐ Fees and Charges		☐ Privacy Breach			
☐ Other (please specify):						
Please provide a detailed explanation of your complaint/appeal:						

Does your complaint involve another person (e.g. Trainer/Assessor)	☐ Yes	☐ No
If you selected Yes, please provide their full name:		
Does your Complaint/Appeal involve a witness/es:	☐ Yes	☐ 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'.