

# Complaints and Appeals Form



Endless Opportunities

## Student Information

Family Name	First Name
Date of Birth:     /     /	Phone/Mobile:
Address:	
Email:	
Course enrolled in	
Date of Complaint/Appeal:	

## Complaint and Appeals Details

Details of Complaint/Appeal

Does your Complaint or Appeal relate to:

- Assessment
- Bullying, harassment
- A classroom safety concern
- Equipment/Resources
- A process or procedure
- Customer Service
- Another person
- Other, please specify .....

Please provide a statement giving full details of you complaint/appeal. Your statement must include the following information:

- Name/s of people involved
- Dates and Times of events
- The name of the people or organisation you have approached in relation to your complaint/appeal
- The effect the complaint/appeal has had on you
- Copies of any documents relating to your complaint or appeal (e.g. witness statements)

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## Statement

I have read and understand QMS:635 Students Complaints, Appeals and Resolution Policy & Procedure

**Signature:** .....

**Date:** ..... / ..... / .....

**Please send this form to:**

Attention: Vocational Training Manager  
Inner Melbourne VET Cluster, TOID 21732  
Level 1 (front tenancy)  
71 Palmerston Crescent  
South Melbourne VIC 3205  
Email: [trainingmanager@imvc.com.au](mailto:trainingmanager@imvc.com.au)