**SM3.1.4 Complaints and**

**Appeals Form**

**Use this form to**

* Submit a formal complaint or if you are requesting to appeal the decision pertaining to your complaint to National First Aid.
* If you are requesting an appeal, this form must be submitted to the Managing Director of National First Aid within 7 working days of you receiving the complaint decision

**Submitting this request**

Please return the completed form to: compliance@nationalfirstaid.com.au or via post to: PO Box 7029, Beaumaris Victoria 3193.

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| **Personal details** |
| First name |       |
| Last name |       |
| Date of birth  | Day |       | Month |       | Year |       |
| Residential address | Street address |       |
| Suburb/town |       | Postcode |       |
| Home phone |       | Work phone |       |
| Mobile |       | Email |       |
| **Details** |
| **Please indicate which of the following applies to you:** |
| [ ]  Prospective Student | [ ]  Current Student | [ ]  Past Student |
| [ ]  Workplace or Employer | [ ]  Training Partner | [ ]  Other *(please specify)*       |
| **Please indicate if you are lodging a complaint, appeal or an assessment appeal:** |
| [ ]  Complaint | [ ]  Appeal  | [ ]  Assessment Appeal |
| **Reasons for complaint / appeal** |
| Please outline the reasons for your complaint or appeal in as much detail as possible. You may attach additional pages and supporting information as needed. |
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| **For complaints and appeals not related to assessment, please complete the following.** |
| Please make any suggestions you have to resolve this issue. |
|       |
| Are there particular staff members of National First Aid who may need be involved in the investigation of this complaint or appeal and in what way? |
|       |
| **For assessment appeals, please complete the following.** |
| Which unit and/or task is this appeal in relation to? |
|       |
| **Declaration** |
| I declare that, to the best of my knowledge, the information on this form is correct and complete. |
| Signature |       |
| Date  |       |