**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](mailto: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 |  |