

Complaints and Appeals Form

Your Details				
Date:				
Your Name:				
Contact Details:	Phone:			
	Address: Email Address:			
Please indicate w	/hich of the following applies to you:			
□ Prospective st	udent			
Current student				
Past student				
Workplace or I	Employer			
D Partner Organ	isation			
Other				
Please indicate if	you are lodging a complaint, appeal, or an assessment appeal.			
□ Complaint				
□ Appeal (unrela	ated to assessment)			
□ Assessment A	ppeal			
 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. For complaints and appeals not related to assessment, please complete the following. 				
2. Please make any suggestions you have to resolve this issue.				



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	icular staff members of AGAE who may need to be involved in the i ppeal and in what way?	nvestigatior	n of this	
For assessment appeals, please complete the following.				
4. Which unit an	d/or task is this appeal in relation to?			
Signed:		Date:	/ /	
Printed name:				

Important Note:

Complaints must be made with 30 calendar days of the incident or reason for complaint. Appeals must be made within 30 calendar days of the original decision being made. Any complaint or appeal lodged outside of the stated period will not be accepted by Mantra Academy.

Please return this form using the details below.

1926-1928 Sydney Road, Campbellfield VIC 3061