SD01 - Complaints and Appeals Form



Your Details				
Date:				
Name of Person Completing this Form:				
Contact Phone Number:				
Address:				
Email Address:				
Please indicate which of the following applies:	□ Prospective Student □ Current Student □ Past Student □ Workplace or Employer □ Partner Organisation □ Other (please specify):			
Please indicate which type of lodgment:	□ Complaint □ Appeal			
Date issue occurred:				
Please outline the reasons for your complaint or appeal:	NB: You can attach supporting information to this form.			
Do you have any suggestions about how to resolve this issue?				
Are there any Competitive Solutions Australia Pty Ltd. staff members who may need to be involved in this investigation?				

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If your lodgment relat appeal, please list and/or task outcome ap	the unit		
Is there any other info you would like us to			
Signed:		Date:	
Printed Name:			

Please return the completed form to: Competitive Solutions Australia Pty Ltd.

Att: Nathan Shoemark
Unit 2, 476 Canterbury Road
Forest Hill VIC 3131

OFFICE USE ONLY (Full details can be found in the Complaints and Appeals Register)		
Date Received:	/	
Received By:		
Discussed with CEO:	□ Yes □ No	
Date:		
Student Notified of Receipt of Form:	□ Phone AND □ Email	
Date:	/	
Added to Complaints and Appeals Register:	□ Yes □ No	
Date:		
Resolution Reached:	☐ Yes ☐ No (Refer to Complaints and Appeals Register for details)	
Date:		
Student Notified of Outcome:		
Date:		
Date Closed:		
By Whom:		