

# Complaints, Grievances and Appeals Form



Your Details	
Date:	
Your Name:	
Contact Details:	Phone: Address: Email Address:
Please indicate which of the following applies to you: <input type="checkbox"/> Prospective student <input type="checkbox"/> Current student <input type="checkbox"/> Past student <input type="checkbox"/> Other _____	
Please indicate if you are lodging a complaint, appeal or an assessment appeal. <input type="checkbox"/> Complaint <input type="checkbox"/> Appeal (unrelated to assessment) <input type="checkbox"/> Assessment Appeal	
1. 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.	
2. Please make any suggestions you have to resolve this issue.	

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3. Are there particular staff members of TVSA Pilot Training who may need be involved in the investigation of this complaint or appeal and in what way?

For assessment appeals, please complete the following.

4. Which unit and/or task is this appeal in relation to?

Signed:		Date:	/ /
Printed name:			

**Please return this form using the details below.**

**TVSA Pilot Training**  
**PO BOX 704**  
**Bacchus Marsh**  
**VIC 3340**