

<b>SECTION A</b>	<b>Complainant Details</b>	
	Title ( <i>Tick ONE of the following</i> ) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (Please specify) _____	
	Surname:	Given name/s:
	Home phone number:	Mobile phone number:
	Email address:	
	Residential address: (Street number and name):	
	Suburb:	Post code: State:
	What is your preferred contact method? <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
	<b>If you are a student please fill in this section:</b>	
	Qualification	
	Course Delivery	<input type="checkbox"/> Classroom <input type="checkbox"/> eduMAX <input type="checkbox"/> Traineeship
	Trainer's Name	
Course Location		
<b>SECTION B</b>	<b>Details of the Appeal</b> Please include any background information including specific dates, names and other details that will help our investigation.	
	<b>Why do you not agree with the resolution of the original complaint or decision?</b>	
	<b>Do you have any new evidence to support your appeal? Please attach copies of evidence and/or supporting documentation (e.g., email correspondence).</b>	
<b>What outcome would you like?</b>		

	<b>Appeal Investigation Details</b>
	Name of Representative conducting investigation:
<b>SECTION C</b>	<b>Proposed Steps to reach an Agreed Resolution</b>
	Name of Representative involved:
	Approved by General Manager Training:
	Date:
	<b>Resolutions Reached</b> (To be filled in once corrective actions have been completed)
	Name of Representative involved:
	Name of Representative involved:
	<b>Outcome of the Appeal</b>
<b>SECTION D</b>	Feedback given to Complainant:
	Complainant satisfied with appeal outcome: <input type="checkbox"/> YES <input type="checkbox"/> NO
	If Complainant is not satisfied with outcome, please provide details:
	Any other follow-up actions required(if applicable):
	Actions completed (if applicable):
Name of Representative involved:	
Approved by General Manager Training:	
Finalisation date of appeal:	

Please refer to the Complaints and Appeals Policy and Procedure for guidance of completing this form. Students should send completed forms to [corporate.training@maxsolutions.com.au](mailto:corporate.training@maxsolutions.com.au) marked *Attention: General Manager, Training*.