

Your Details	
Date:	
Your Name:	
Date of Birth:	
Contact Details:	Phone: Address: Email Address:
<p>Please indicate which of the following applies to you:</p> <p><input type="checkbox"/> Prospective student</p> <p><input type="checkbox"/> Current student</p> <p><input type="checkbox"/> Past student</p> <p><input type="checkbox"/> Workplace or Employer</p> <p><input type="checkbox"/> Partner Organisation</p> <p><input type="checkbox"/> Other _____</p>	
<p>Please indicate if you are lodging a complaint, appeal or an assessment appeal.</p> <p><input type="checkbox"/> Complaint</p> <p><input type="checkbox"/> Appeal (unrelated to assessment)</p> <p><input type="checkbox"/> Assessment Appeal</p>	
<p>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.</p>	

For complaints and appeals not related to assessment, please complete the following.

2. Please make any suggestions you have to resolve this issue.

3. Are there particular staff members of Everest Institute of Education 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.

<p style="text-align: center;">Everest Institute of Education</p> <p style="text-align: center;">Tel: 03 8393 6550 Email: enquiries@everest.edu.au</p> <p style="text-align: center;">Head Office Address:</p> <p style="text-align: center;">479 King Street, West Melbourne, VIC 3003</p>

OFFICE USE ONLY

Complaint / Appeals Form Received by _____

Review Conducted - **Yes / No** Date of Review _____

Review Conducted by _____

Complaint or Appeals Resolved **Yes / No**

Student Informed of the Outcome **Yes / No** Informed by _____

Documentation Filed in Student File **Yes / No** Filed by _____