

Your Personal Details			
Title	Mr.	Mrs.	MS Miss Other (please specify)_____
Given Name (s)			Surname
Mobile number			
Email Address			
I am a	<input type="checkbox"/> Student <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Employee <input type="checkbox"/> Host Organisation <input type="checkbox"/> Supplier <input type="checkbox"/> Employer Other _____		
Purpose/Reason for Complaint or Appeal			
<input type="checkbox"/> Training/Assessment Materials	<input type="checkbox"/> Training/Assessment Environment	<input type="checkbox"/> Refunds	
<input type="checkbox"/> Training/Assessment Facilities	<input type="checkbox"/> Privacy Breach	<input type="checkbox"/> Discrimination	
<input type="checkbox"/> Training Content/Information	<input type="checkbox"/> Services Provided	<input type="checkbox"/> Other (Please identify): _____	
<input type="checkbox"/> Enrolment	<input type="checkbox"/> Personal Behavior		
Name of employee/persons (If applicable)			
Enrolled course			
Nature of the Complaint			
Outline the nature of the complaint:			
<div style="height: 150px;"></div>			
Have any steps been taken to date to resolve this issue?			
<div style="height: 150px;"></div>			

What action would you like to see occur?			
Witness/Support (where applicable)			
The following person(s) were witness to this issue and have agreed to provide additional information			
Name		Name	
Email		Email	
Phone		Phone	
Signature		Signature	
Student Agreement			
<p>I have read and understood Australian Paramedical College <u>Complaints & Appeals Policy</u> and I understand that the other parties identified in this complaint may be contacted in an attempt to resolve the issues mentioned.</p> <p>I agree that Australian Paramedical College may conduct independent evaluation checks and that I may be required to submit additional information or evidence to support this complaint/appeal upon request or participate in verbal conversation/meeting to discuss this matter further.</p> <p>I have read the Australian Paramedical College <u>Privacy Policy</u> and understand that information directly related to addressing the complaint/appeal directly will not be used for any other purpose.</p>			
Student Signature		Date	

Please email a completed copy of this form to compliance@apcollege.edu.au to submit your complaint/appeal. You will receive a receipt of acknowledgement within two (2) days of your submission date.