# Complaints and Appeals Form

This form is to be used to lodge a formal complaint or appeal of an assessment outcome, process or general appeal. Please refer to the Complaints and Appeals Policies and Procedures.

A complaint or request for appeal must be made within 20 working days of the event, circumstance or decision that is the subject of the complaint or request for appeal.

Instructions: Please complete as many fields as possible. We will provide written acknowledgement of receipt of your form has been received within two (2) calendar days of receiving it. If you have questions about this form or you require assistance to complete it, please email us on admin@acmi.wa.edu.au

| PERSONAL DETAILS | |
|---|---|
| Student Surname | |
| Student Given Name | |
| Contact number | |
| Postal Address | |
| Email | |
| Please tick the appropriate option:<br>☐ Complaint<br>☐ Appeal | |

| | |
|---|---|
| Details of the complaint or appeal | |

| | |
|---|---|
| What is the outcome you are seeking? Do you have a suggestion or remedy for the complaint or appeal? | |

## UNDERSTANDING THE COMPLAINT OR APPEAL CONDITION

☐ I declare that the information provided in this form is, to the best of my knowledge, True and correct.

☐ I acknowledge that the ACMi may use this information provided by me to investigate the complaint or appeal.

| | | | |
|---|---|---|---|
| Learner Signature | | Date | |

Once this form will be received by ACMi Administration Department, they will take immediate action.

| **OFFICE USE ONLY** | |
|---|---|
| Staff Member Name | |

| | | | |
|---|---|---|---|
| Comments (Action Taken, Learner notified of outcome) | | | |
| Staff Signature | | Date | |
| ☐ Complaints/Appeals Application Processed<br>☐ Complaints/Appeals Application Resolved: YES ☐ NO ☐ | | | |