



Equal Opportunity Employer

Association Of South Australia Inc.

6 Seventh Street, Murray Bridge SA 5253
 Ph: (08) 8531 1733 Fax: (08) 8531 0474
 ABN: 16 762 214 557

COMPLAINTS & APPEALS



| Personal Details | | | |
|--|--|---|------|
| Full name | | | |
| Address | | | |
| Email | | Mobile | |
| Preferred contact method | <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Other | | |
| Complaint/ Appeal Details | | | |
| Reason for complaint <input type="checkbox"/> Staff member <input type="checkbox"/> Student <input type="checkbox"/> Services <input type="checkbox"/> Other | | Reason for Appeal <input type="checkbox"/> Assessment outcome <input type="checkbox"/> Disciplinary Action <input type="checkbox"/> Formal warning <input type="checkbox"/> Privacy breach | |
| Complaint/ Appeal Summary | | | |
| Please outline the reason for your complaint/ appeal and attach any evidence to support this | | | |
| | | | |
| Detail any informal action to try and resolve this complaint/ appeal | | | |
| | | | |
| Reason for formal complaint | | | |
| | | | |
| Preferred solution | | | |
| | | | |
| Privacy Statement | | | |
| The information provided on this form will be used exclusively to resolve your complaint/ appeal. None of the information you provide on this form or during the complaints and appeals process will be disclosed to anyone outside of Murraylands Training & Employment without your permission, unless required to do so by law. | | | |
| Acknowledgement | | | |
| I acknowledge that all of the information provided in this form is true and correct to the best of my knowledge and I will participate in the complaints and appeals process with a view to come to a suitable resolution for all. | | | |
| Signature | | | Date |
| | | | |