

COMPLAINTS AND APPEALS FORM

PERSONAL DETAILS

Name:

Email:

Contact Number:

Residential Address:

Postal Address:

COMPLAINT / APPEAL DETAILS

I wish to lodge a: Complaint Appeal

What is the nature of your complaint / appeal?

Course Delivery Learning Resources Assessment Fees and Charges Customer service Staff Member
 Other (please provide details):

PLEASE DESCRIBE THE DETAILS OF THE COMPLAINT / APPEAL (YOU MAY ATTACH SUPPORTING DOCUMENTATION)

HAVE YOU TAKEN ANY STEPS TO RESOLVE THIS ISSUE? IF YES, PLEASE PROVIDE DETAILS

COMPLAINTS AND APPEALS FORM

WHAT OUTCOME WOULD YOU LIKE TO SEE FROM RAISING THIS COMPLAINT / APPEAL?

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DECLARATION

I certify that all the information provided by me on this form and all accompanying documents is true and correct to the best of my knowledge.

Signature:

Date:

I am willing to attend a meeting with the Coal Train CEO if the need arises:

Y

N

OFFICE USE ONLY

Date Received:

Wanted resolution or outcome:

Refund / Credit

Appeal passed (assessment re-marked)

Other, please specify

DETAILS OF OUTCOME

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Complainant informed of outcome:

Phone

Email

In person

ADDITIONAL NOTES

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CEO Signature:

Date: