Complaints and Appeals Form

|  |
| --- |
| Name of complainant: |
| Are you the:  Student? |  Employer? |  Mentor? |  Other? |
| Employer (Company) Name: |
| Qualification or Program: |
| Phone Number: | Alternative Number: |
| Address: |
| Email Address: |
| Preferred contact method: |  Phone |  Email |  Mail |
| Participant name (s): (if not complainant) |
| Mentor/Supervisor Name: |

Describe the nature of the complaint:

Please provide details of any relevant incidents or communications etc and include dates.

|  |  |
| --- | --- |
| Date: | Details |
|  |  |
|  |  |
|  |  |
|  |  |

 Tick here if you are including further information in the form of attachments

Describe any efforts made to resolve the complaint to date :

What would be your desired outcome?

Complainant Signature: Date:

Please email or post the completed form to Vostro Institute to the attention of the

Chief Executive Officer

Vostro Institute of Training

Vostro Institute of Training Australia

Level 14, 459 Little Collins Street

Melbourne VIC 3000

Email: admin@vostroinstitute.com.au

Office Use Only

|  |
| --- |
| Date Complaint Form Received: |
| Date entered in Complaints Register: |
| Reference Number: |
| Date Forwarded to the CEO: |
| Received and processed by: |
| Signed: |