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| Your Details | | | | |
| Date: |  | | | |
| Your Name: |  | | | |
| Contact Details: | Phone:  Address:  Email Address: | | | |
| Please indicate which of the following applies to you:  🞏 Prospective student  🞏 Current student  🞏 Past student  🞏 Workplace or Employer  🞏 Partner Organisation  🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Please indicate if you are lodging a complaint, appeal or an assessment appeal.  🞏 Complaint  🞏 Appeal (unrelated to assessment)  🞏 Assessment Appeal | | | | |
| 1. Please outline the reasons for your complaint or appeal in as much detail as possible. You may attach additional pages and supporting information as needed. | | | | |
| For complaints and appeals not related to assessment, please complete the following. | | | | |
| 1. Please make any suggestions you have to resolve this issue. | | | | |
| 1. Are there particular staff members of The Celebrant Institute who may need be involved in the investigation of this complaint or appeal and in what way? | | | | |
| For assessment appeals, please complete the following. | | | | |
| 1. Which unit and/or task is this appeal in relation to? | | | | |
| Signed: | |  | Date: | / / |
| Printed name: | |  | | |

**Please return this form using the details below.**

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| PO Box 7101 Glen Iris VIC 3146  or  training@celebrantinstitute.edu.au |