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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 |