

Workforce Education Institute

RTO Number: 51161 CRICOS 03963B Trading as Workforce Education Institute Address: Level 1, 382 Lonsdale Street Melbourne VIC 3000

Complaints And Appeals Form

Student's Pers	onal Details		
Full Name:	Date Of Birth		
Position of Con	nplainant/Appellant:		
Phone No:			
Email:			
Address:			
If the complain	ant is student, please	provide the follow	ing details
Student ID:	ant is student, picase	provide the follow	ing details
Student ib.			
Course Code:			
Complaint/App	peal details		
Complaint Details			Appeal details
Date of the cause of the complaint:		pefore?	Date to which this appeal refers to:



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Complaint/Appeal Summary (Please give detailed explanation of complaint/appeal and attach any supporting evidence)			
(Fredse give detailed explanation of complainty appear and actually supporting evidence)			
Declaration			
$\ \square$ All the information provided in this form is correct and accurate to the best of my knowledge.			
□ I am happy to attend any meeting with relevant persons required to resolve the issue.			
Signature: Date:			