

## www.trinityinstitute.edu.au

ABN 52 607 452 657 | RTO Provider 41310 | Cricos Code 03556F

## **Complaints and Appeals Form**

Your Name:				Date:			
Contact Details:	Phone:						
	Address	:					
	Email A	ddress:					
	Student number (if applicable):						
Please indicate which of the following applies to you:							
☐ Prospective student			☐ Workplace or Employer				
☐ Current student			☐ Partner Organisation				
☐ Past student			□ Other				
Please indicate if you are lodging a complaint, appeal or an assessment appeal:							
☐ Complaint		☐ Appeal (unrelated to assessment)		□ A:	ssessment Appeal		
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.							



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## **Complaints and Appeals Form**

For complaints and appeals not related to assessment, please complete the following:						
Please make any suggestions you have to resolve this issue:						
3. Are there particular staff members of Trinity Institute (Australia) who may need be involved in the investigation of this complaint or appeal and in what way?						
For assessment appeals, please complete the following:						
Which unit and/or task is this appeal in relation to?						
	<b>,</b>					
Signature:		Date:				
Please return this form via email to:						
Attention: General Manager, reception@trinityinstitute.edu						