

SECTION A	Appellants details	
	Title (<i>Tick ONE of the following</i>) <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS Other (Please specify)	
	Surname:	Given name/s:
	Home phone number:	Mobile phone number:
	Email address:	
	Residential address: (Street number and name):	
	Suburb:	Postcode: State:
	What is your preferred contact method? <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
	If you are a student, please fill in this section:	
	Qualification/ course	
	Course Delivery	<input type="checkbox"/> Classroom <input type="checkbox"/> Online <input type="checkbox"/> Blended <input type="checkbox"/> Traineeship
	Trainer's Name	
	Course Location	
SECTION B	Details of the Appeal Please include any background information including specific dates, names and other details that will help our investigation.	
	Why do you not agree with the resolution of the original complaint or decision?	
	Do you have any new evidence to support your appeal? Please attach copies of evidence and/or supporting documentation (e.g., email correspondence).	
What outcome would you like?		

	Appeal Investigation Details
	Name of Representative conducting investigation:
SECTION C	Proposed Steps to reach an Agreed Resolution
	Name of Representative involved:
	Approved by General Manager, Training:
	Date:
	Resolutions Reached (To be filled in once corrective actions have been completed)
	Name of Representative involved:
	Name of Representative involved:
	Outcome of the Appeal
SECTION D	Feedback given to Appellant:
	Appellant satisfied with appeal outcome: <input type="checkbox"/> YES <input type="checkbox"/> NO
	If Appellant is not satisfied with outcome, please provide details:
	Any other follow-up actions required (if applicable):
	Actions completed (if applicable):
	Name of Representative involved:
	Approved by Head of Training:
Finalisation date of appeal:	

Please refer to the **MAX Solutions Complaints and Appeals Policy and Procedure (Training)** for guidance on completing this form. Students should send completed forms to corporate.training@maxsolutions.com.au marked: **Attention: General Manager, Training.**