



**NATIONAL
TRAINING**

COMPLAINT AND APPEALS FORM

STUDENT'S INFORMATION	
Students Name:	Contact Number:
Current Address:	
Student ID:	Email:
Course(s) Name:	Date enrolled into the course:

COMPLAINT INFORMATION	
Complaint Date:	
Complaint Details:	
Has any staff member been advised about the complaint?	
What steps should be considered to avoid a repeat of the problem:	

Name of person completing this form

Signature

Please send this form to student.support@nationaltraining.edu.au once all details have been completed.

