

Complaints & Appeals Form

If you would like to make a complaint and or appeal against a decision made by AUSTSWIM/ Course provider, please complete the form below.

Course Name:		Course Code:	
Presenter Name:		Location:	
Family Name:		Given Names:	
Email:		Phone:	
Address:			

My Complaint or appeal is about:

<input type="checkbox"/> The quality of the training <input type="checkbox"/> The facilities or resources <input type="checkbox"/> The Presenter <input type="checkbox"/> Assessment (Including RPL) <input type="checkbox"/> Other

Please state the nature of the issue you are raising including dates, times and other people involved:

Please describe how this issue has affected you:

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Explain if you have made any efforts to resolve the issue:

What are the outcomes you are expecting?

Signature	Date

Please return to:

State Business Centre.

For details of your relevant Business Centre please refer to the link below.

<https://austswim.com.au/Contactus/TrainingProviders.aspx>

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Approved by	General Manager- Education and Communication	RTO Name and Code	AUSTSWIM LTD. 104975	Page	1 of 1