

APPEALS FORM

Before completing this form, please read and understand VTI's Complaints and Appeals Policy and Procedure.

STUDENT DETAILS

NAME:
DATE OF BIRTH:
STUDENT ID NUMBER:

APPEAL DETAILS

DATE OF LODGING APPEAL:

In order for VTI to efficiently resolve the issue concerning you, please provide the details of your appeal in the space provided below:

DATE OF OCCURRENCE:	TIME OF OCCURRENCE:
PLACE OF OCCURRENCE:	
NATURE OF APPEAL (Any additional supporting documents should be attached to this form):	

Important Note:

1. You **MUST** continue to attend classes until the appeals process is complete
2. You understand this appeals process will be commenced within 20 working days of the lodgement of this form.
3. You have attached documentation to support your complaint
4. You have read and understood VTI's Complaints and Appeals Policy and Procedure
5. Submit this completed form to VTI's CEO or Administrative Manager

STUDENT SIGNATURE:	DATE:
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OFFICE USE ONLY

RECEIVED BY:	DATE:
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