

COMPLAINTS AND APPEALS FORM

Use this form as a cover sheet to support your complaint/appeal, as its purpose is to outline your complaint/appeal. Remember to attach all supporting documentation.

Indicate the nature of your dissatisfaction by ticking the appropriate box below.

COMPLAINT

- Initial notification of your grievance

APPEAL

- Initial notification of your request to have an assessment decision reviewed
- Application to have the outcome of a complaint reviewed due to your dissatisfaction with the process that was followed when dealing with your initial complaint

Date of Submission:	
Name of Complainant/Appellant:	
Detailed description of your complaint/appeal: (Include an outline of your complaint/appeal with details of dates and people involved)	
What action have you taken to try and resolve this complaint/appeal?	
Do you have a suggested remedy to your complaint/appeal?	
I hereby declare that the information provided on this Complaints/Appeals Form is true and correct.	Signature:
	Date:

STV Section:

STV Personnel who received this document in the first instance:	Title:	
	Name:	
	Signature:	
	Date Received:	
STV Manager to complete:	Name:	
	Signature:	
	Date Received:	