Grievance, Complaints and Appeals Form

|  |  |
| --- | --- |
| **Name of person completing this form:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **Relationship to ACFB (ie: Student, Client, etc)** |  |
| **Date:** |  |

**Details of Grievance, Complaints or Appeals**

|  |
| --- |
| **Date of Grievance, Complaints or Appeals:** |
| **Please provide some details to help us understand your concerns.**  You can include what happened, where it happened and who was involved or the decision made by ACFB that you are unhappy about. |
|  |
| **What outcome are you seeking?** |
|  |
| **Supporting information**  Please attach copies of any documents that may help us investigate your complaint (for example letters, references, emails). If applicable |
|  |

**Please email this form to:**

[admin@acfb.edu.au](mailto:admin@acfb.edu.au)

**Or via mail to:**

**Suite 4/333 Mitcham Rd, Mitcham, Vic, 3132**

**Att: Complaints Department**