Grievance, Complaints and Appeals Form

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

**Details of Grievance, Complaints or Appeals**

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| **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. |
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| **What outcome are you seeking?** |
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| **Supporting information**Please attach copies of any documents that may help us investigate your complaint (for example letters, references, emails). If applicable |
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**Please email this form to:**

admin@acfb.edu.au

**Or via mail to:**

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

**Att: Complaints Department**