

Appeal Form

This form is used to lodge a formal Appeal with the Registered Training Organisation.

An Appeal is a formal request for a review and alternative decision regarding a previously submitted complaint. Once completed, please attach all relevant supporting documentation and submit the form to: admin@fpwnt.com.au.

Relationship with the RTO.

Please select the option that best describes your relationship with the RTO:

- ☐ Student
- ☐ Parent/Guardian
- ☐ Employer
- ☐ RTO Staff Member
- ☐ Other (please specify):

Contact Details

Please provide your contact information. These details will be used by the RTO to communicate with you regarding this appeal.

| | |
|---------------------------------------|--|
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms / Miss <input type="checkbox"/> Other |
| Full Name | |
| Email Address | |
| Residential Address | |
| Student Number (if applicable) | |
| Mobile Number | |

Reason for Appeal

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| Why do you disagree with the resolution of your complaint? |
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Supporting Evidence

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| Do you have any new evidence to support your appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please attach copies of any relevant documents and list them here. |
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Desired Outcome

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| What resolution or outcome are you seeking from this appeal? |
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Declaration and Acknowledgement

By submitting this form, I confirm that:

- All information provided is true, correct, and accurate to the best of my knowledge.
- Understand that the RTO may share the details of my appeal (including my identity) with relevant parties involved in the matter, including potential witnesses, to facilitate a fair investigation.
- I have read and understood the Complaints and Appeals Policy, and I will provide any additional documentation, if and when required to support my appeal.
- Acknowledge that the RTO will handle all sensitive information in accordance with its Complaints and Appeal Policy and procedure outlines in RTO policy and procedure manual.

| | |
|------------------|--|
| Full Name | |
| Signature | |
| Date | |