Victoria Point State High School

VET Complaints and Appeals Form

Student to complete form and submit to the RTO Manager/s

Student Name:	**Year level:**
Address:	
Telephone:	**Date of Incident:** / /
Course:	**Type of Incident** ☐ **Complaint** ☐ **Appeal** ☐ **Assessment Appeal**
Describe the nature of the complaint/appeal: …… …… …… …… …… …… …… ……	
Describe any efforts made to resolve the issue: …… …… …… …… …… …… …… …… ……	
Student Signature:	**Date:** / /
Office Use Only	
Date Form Received: / /	**Received By:**
Date entered into register: / /	