

Your Details					
Date:					
Your Name:					
Contact Details:	Phone:				
	Address:				
	Email Address:				
Please indicate which of the following applies to you:					
Prospective student					
Current student					
Workplace or Employer					
Partner Organisation Other					
Please indicate if you are lodging a complaint, appeal or an assessment appeal.					
-	al (unrelated to assessment)				
	Appear (unrelated to assessment) Assessment Appeal				
	e the reasons for your complaint or appeal in as much detail as possible. You may attach ges and supporting information as needed.				
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For complaints a	nd appeals not related to assessment, please complete the following.				
2. Please make	any suggestions you have to resolve this issue.				



Complaints and Appeals Form

3. Are there particular staff members of WMIT who may need be involved in the investigation of this complaint or appeal and in what way?						
For assessment appeals, please complete the following.						
4. Which unit and/or task is this appeal in relation to?						
Signed:]	Date:	/ /			
Printed name:						

Please return this form using the details below.

West Melbourne Institute of Technology

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