

## Complaints and Appeals Form

Name of complainant:	
Are you the: <input type="checkbox"/> Student? <input type="checkbox"/> Employer? <input type="checkbox"/> Mentor? <input type="checkbox"/> Other?	
Employer (Company) Name:	
Qualification or Program:	
Phone Number:	Alternative Number:
Address:	
Email Address:	
Preferred contact method: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
Participant name (s): (if not complainant)	
Mentor/Supervisor Name:	

**Describe the nature of the complaint:**

**Please provide details of any relevant incidents or communications etc and include dates.**

Date:	Details

Tick here if you are including further information in the form of attachments

**Describe any efforts made to resolve the complaint to date :**

---

**What would be your desired outcome?**

**Complainant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please email or post the completed form to Vostro Institute to the attention of the  
**Chief Executive Officer**

**Vostro Institute of Training**  
Level 15 459 Little Collins Street  
Melbourne VIC 3000  
E: [admin@vostroinstitute.com.au](mailto:admin@vostroinstitute.com.au)

---

**Office Use Only**

Date Complaint Form Received:
Date entered in Complaints Register:
Reference Number:
Date Forwarded to the CEO:
Received and processed by:
Signed: