



COMPLAINTS AND APPEALS FORM

Participant Name:	
Employer Name:	
Address:	
Phone:	
Course:	
Course Start Date:	

Please indicate what your grievance is (tick the appropriate box below):

☐ Complaint

Initial notification of your dissatisfaction or an issue that has occurred.

☐ Appeal

Application to have the outcome of a complaint reviewed due to dissatisfaction with the process that has been followed in dealing with the initial complaint or to have an assessment decision reviewed.



HAIR ASSEMBLY

PLEASE OUTLINE THE DETAILS OF YOUR COMPLAINT / APPEAL:

Please attach copies of any evidence you may have to support your complaint/appeal.

Participant
Signature:

Date:

PLEASE FORWARD TO:

Chief Executive Officer
Hair Assembly
info@hairassembly.edu.au
570 St Kilda Road Melbourne 3004