



Complaints and Appeals Form

This form is to be used for submitting a formal complaint or appeal regarding academic or non-academic matters at All Health Training (AHT).

1. Personal Details

Full Name: _____

Email Address: _____

Phone Number: _____

Course Undertaking (if applicable):

2. Complaint / Appeal Type

Please tick the appropriate box:

☐ Complaint

☐ Appeal

If appeal:

☐ Assessment Result

☐ Enrolment Status

☐ Other (please specify): _____

3. Details of Complaint / Appeal

Please describe in detail the nature of your complaint or appeal, including:

- The incident or issue
 - Date(s) of the event
 - People involved (if applicable)
 - Any steps you have already taken to resolve the issue
 - Any relevant supporting documentation (please attach if available)
- _____

4. Desired Outcome

Please outline what outcome or resolution you are seeking:

5. Acknowledgement

- ☐ I declare that the information provided in this form is true and correct.
- ☐ I have read and understand the AHT Complaints & Appeals Policy and the process involved.
- ☐ I understand that appeals must be submitted within 20 working days of the relevant decision.
- ☐ I understand that assessment-related appeals must be submitted within 3 months of receiving the result.

Signature: _____

Printed Name:

Date of Submission: ____ / ____ / ____

Submission Information

You can submit this form by:

Email: admin@aht.edu.au

Post or deliver in person to:

- Post: PO Box 5169, Laburnum LPO, Blackburn 3130
- Head Office: Level 2, 20 Albert Street, Blackburn 3130



More information: www.allhealthtraining.edu.au/student-information