

APPEALS FORM

Prior to completing this form please refer to the Complaints and Appeals Policies.

If you are dissatisfied in any way you should first discuss this matter with your Trainer or student services staff for a resolution.

By completing this form you are requesting to appeal a decision made by DGT Employment and Training with the Appeals Committee, this maybe but is not limited to:

- marketing
- enrolment process
- response to a complaint
- complaint about a Third-Party provider
- assessment outcomes / results (Academic Appeal)
- refund assessments
- other general decisions made by DGT Employment and Training

This form serves to begin the appeals process in relation to a complaint or assessment judgment.

This form must be lodged with the Appeals Committee by emailing dgt@dgt.org.au.

Notification of the appeal must be acknowledged by DGT Employment and Training within seven (7) days.

Name:	
Date of Birth:	
Course Name:	
Course Code:	
Contact Numbers:	
Email Address:	
Please detail in full, your reason for an appeal	
Signature:	
Date:	

OFFICE USE ONLY			
Received by		Appeal Number Issued	
Date		Given to	
Date Issued		Follow up Date	
Action Taken			
Specify possible improvement based on reason for appeal (Record on Continuous Improvement and Documents Register)			
General Manager Operations signoff:			
Date:			