

Use this form to

- Submit a formal complaint or if you are requesting to appeal the decision pertaining to your complaint to CPR for Life.
- If you are requesting an appeal, this form must be submitted to the Chief Executive Officer of CPR for Life within 7 working days of you receiving the complaint decision

Submitting this request

Please return the completed form to: support@cpr4life.com.au

Personal details					
First name					
Last name					
Date of birth	Day		Month		Year
Residential address	Street address				
	Suburb/town				Postcode
Home phone			Work phone		
Mobile			Email		

Details		
Please indicate which of the following applies to you:		
<input type="checkbox"/> Prospective Student	<input type="checkbox"/> Current Student	<input type="checkbox"/> Past Student
<input type="checkbox"/> Workplace or Employer	<input type="checkbox"/> Training Partner	<input type="checkbox"/> Other (<i>please specify</i>)
Please indicate if you are lodging a complaint, appeal or an assessment appeal:		
<input type="checkbox"/> Complaint	<input type="checkbox"/> Appeal	<input type="checkbox"/> Assessment Appeal

Reasons for complaint / appeal
Please outline the reasons for your complaint or appeal in as much detail as possible. You may attach additional pages and supporting information as needed.

For complaints and appeals not related to assessment, please complete the following.

Please make any suggestions you have to resolve this issue.

Are there particular staff members of CPR for Life who may need be involved in the investigation of this complaint or appeal and in what way?

For assessment appeals, please complete the following.

Which unit and/or task is this appeal in relation to?

Declaration

I declare that, to the best of my knowledge, the information on this form is correct and complete.

Signature

Date