



Complaints and Appeals Form

Clients who wish to submit a complaint or appeal can do so by completing this form. Outline the reasons for the complaint/appeal and attach any supporting evidence.

Please indicate whether you are lodging a: **Complaint** **Appeal**

Student name:	
Phone:	
Email:	
Date:	
Provide an explanation of the reasons why you are complaining/ appealing. Please provide as much detail as possible including staff/ clients involved, places, timings, assessment/ course details and other relevant details if appropriate.	
<i>Note:</i> Please attach all supporting evidence and submit this form to the Director MediQuest, David House, Little David Street, Yarraville 3013.	
Signed:	