APL Group Pty Ltd
T/as Australian First Aid
20 Viewtech Place
Rowville VIC 3178
T: 1300 975 889

RTO ID: 3586

Appeal Form

By completing this form, you are requesting to appeal the decision pertaining to your complaint to Australian First Aid. To begin the appeal process, this form must be submitted to the Managing Director of Australian First Aid within 7 working days of you receiving the complaint decision. The matter will be deemed closed and settled if no response is lodged within 7 working days.

A written reply will be forwarded to you within 7 working days.

Name:		Date:	____ /____/ _____
Email Address:		Contact Number:	
Street Address:		Complaint Number:	

You have the right to select a mediator to represent your concerns or have no representation.

Please select mediator choice	*Selection of Mediator*	*Tick Choice*
(Write name) Your mediator choice:		
No mediator required:	No representation	

In the box below, please provide as much information as possible, and detail all aspects and concerns in full for your reason to appeal the complaint decision. Extra information can be added along with this form if required.

I hereby declare that all details in this request are true and accurate.	Signature:	

OFFICE USE ONLY

Received by:		Date:	____ /____/ _____
Appeal given to:		Appeal Number:	
Replied by:		Replied Date:	
Action Taken and Outcome:			
Improvement Required?			

Related Standards: Clauses 5.2, 6.1-6.5