Future Institute of Australia

(Provider No 41339)

Appeal Form



Date:	
Name:	Organisation:
Address:	
	Mobile:
Email:	
Name of Trainer/Assessor:	
Title of Course:	
Date of Course:	Date of Assessment:
•	dissatisfaction with an action, product or service nade by the RTO. It may be an assessment decision or any other
I wish to lodge an appeal (NB: If you want to lodge a con	(Please tick√) mplaint, please use the Complaint Form).
Describe the appeal (eg. please	e state the relevant assessment criteria or Unit of Competency.)

Please outline the reason/s for your appeal:		
Please outline the proposed outcomes sought:		
Can we improve our system to avoid these situations in the future:		
Please submit this form to: Director Operations and Compliance at admin@fut	ureinstitute.com.au	
Office Use Only:		
Director Operations and Compliance: I acknowledge receipt of this appeal and understand the content/nature of the appeal.		
Signed:		
Date:		