

Family Name:	Given Name/s:
Address:	Town: Post Code:
Telephone:	Email Address:
Submission Date:	Signature:
<p>Are you a:</p> <p><input type="checkbox"/> Student (Student number)..... <input type="checkbox"/> Employer of AAT students</p> <p><input type="checkbox"/> Parent or Caregiver (name of student).....</p> <p><input type="checkbox"/> Staff member <input type="checkbox"/> Other (please specify)</p>	

Appeal

Please give details of your appeal (you may wish to attach further documentation)

Have you discussed your matter with a staff member? Yes No

If yes, please indicate who dealt with the matter.....

What was the result?

.....

.....

If you are seeking a particular outcome, please give details(you may wish to attach further documentation)

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Your appeal will be handled via Australian Agricultural Training Appeal Handling Policy.

Please return completed form to:

Training Manager

Australian Agricultural Training

15 Colony Crescent

Dubbo 2830

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Office Use Only:

Date received:
Attachments were supplied: Yes No
Recorded in Complaints and Appeals registry. Date:
Training Manager Signature: