



**APPEALS FORM**

*Please complete the following correctly so that your complaint can be processed promptly*

*All complaints should be made in writing in accordance with the REE Access and Equity Policy.*

Applicant's Name: \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Student ID # \_\_\_\_\_

Mobile # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address: \_\_\_\_\_

Trainer's/Assessor's name: \_\_\_\_\_

Course name: \_\_\_\_\_

Unit name and code: \_\_\_\_\_

Name of assessment item: \_\_\_\_\_

Date submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date feedback received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Details to support your appeal: (attach separate page if required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Use only**

Date appeal form received by REE	/ / am/pm
Appeal reviewed by (initial)	
Outcome of appeal	SUCCESSFUL UNSUCCESSFUL
Applicant notified	/ / Phone Email Post
Any further action recommended / taken	
Follow up requirements	