

Appeal Form

By filing in this form you are requesting to appeal a judgment made against you. This may be by way of a response to a complaint, or a result to an assessment. This form serves to begin the appeal process in relation to a judgment that has been made against you. This form must be lodged to the General Manager, or their delegate, within twenty (20) days of you receiving a judgment. A written response will be issued to you within twenty (20) days.

Name: _____

Contact Details: _____

Please detail in full, your reason for the appeal:

Signature: _____ Date: ____/____/____

We will be in contact within Twenty (20) days, thank you.

CSI Office Use Only:

Received by: _____ Date: ____/____/____
 Signature: _____

General Manager Use Only:

Date of response: ____/____/____ GM contact with student date: ____/____/____
 Appeal outcome: _____

Appeal outcome date: ____/____/____ Student notified of result: ☐ Yes ☐ No
 Results in VETtrak updated: ☐ Yes ☐ No Testamur issued: ☐ Yes ☐ No ☐ NA
 Documentation uploaded into VETtrak: ☐ Yes ☐ No

General Manager's signature: _____

General Manager's name: _____ Date: ____/____/____

