



Name: _____

Date: _____

How can we contact you?

Phone: _____

Mobile: _____

Email: _____

Nature of appeal

- Assessment outcomes or process
- Quality of training delivered, including facilities, resources and methodology
- Enrolment process
- Third party provider providing services on behalf of Sonic HealthPlus
- Notification of assessment results, issuing of certificates and/or Statements of Attainment
- Discrimination, sexual harassment, or bullying by an Sonic HealthPlus employee or other learner
- Appeals about outcomes and decisions arising from a complaint
- Other (please specify): _____

Description

Date of Event: _____

Location/Venue: _____

Please describe what happened: _____

Signature: _____