## Linking You To A Better Future



RTO Code: 91792 CRICOS Provider Number: 03519M P: (02) 8776 3933

A: Level 3, 233 Castlereagh Street, Sydney NSW 2000 www.linx.edu.au

## **Complaints and Appeals Form**

## About this form

This form should be used to make a formal complaint or appeal about any aspect of the services provided to you by us or about our staff, another learner or a third party providing services on our behalf. You may also use this form to dispute an assessment decision (assessment appeal)

Please include as much information as possible about your complaint or appeal as this will help us to resolve your complaint or appeal more efficiently.

## Your details

Name

Address	
Email address	
Phone	
Complaint or appea	al details
	mplaint or appeal, including as much information as possible including ons involved. Attach any supporting evidence and reference them in your
What would you like the	outcome of this complaint or appeal to be?
Include any other comm	ents.
Declaration	
	tion provided by me to the best of my knowledge is accurate and truthful and e the complaint or appeal.

Please submit this form to our office via email or post.

Signature

Date