Australia Wide First Aid | RTO No. 31961
Solace Financial House, Level 12 / 97 Creek Street, Brisbane QLD 4000
Ph:07 3437 7500

APPEAL FORM

By *completing* this form, you are requesting to appeal the decision pertaining to your complaint to Australia Wide First Aid. This form must be submitted to the HR Compliance Manger of Australia Wide First Aid within 7 working days of you receiving the complaint decision to begin the appeal process. The matter will be deemed closed and settled if no response is lodged within 7 working days.

Please submit your form to feedback@australiawidefirstaid.com.au

A written reply will be forwarded to you within 7 working days.

Name:		**Date:**	
Email Address:		**Contact Number:**	
Street Address:		**Complaint Number:**	

You have the right to select a mediator to represent your concerns or have no representation.

Please select mediator choice	*Selection of Independent Mediator*	*Tick Choice*
(Write name) Your mediator choice:		
No mediator required:	No representation	

In the box below, please provide as much information as possible, and detail all aspects and concerns in full for your reason to appeal the complaint decision. Extra information can be added along with this form if required.

I hereby declare that all details in this request are true and accurate.	**Signature:**	

OFFICE USE ONLY

Received by:		**Date:**	
Appeal given to:		**Appeal Number:**	
Replied by:		**Replied Date:**	
Action Taken and Outcome:			
Improvement Required:			

Related Standard/s: Clause 5.2, 6.1-6.5