

Complaints and Appeals Form



PRIVATE AND CONFIDENTIAL

Name	
Address	
Phone	
Email	
Please indicate which of the following applies to you: Current student Past student Workplace or Employer Partner Organisation Other _____	
Please indicate if you are lodging a complaint, appeal or an assessment appeal. Complaint Appeal (unrelated to assessment) Assessment Appeal	
1. Please outline the reasons for your complaint or appeal in as much detail as possible. You may attach additional pages and supporting information as needed.	
2. Please make any suggestions you have to resolve this issue.	
Signed	Date
Printed name	

Please email your completed form to learning@superannuation.asn.au

Alternatively you can post it (marked private and confidential) to:

Compliance and Administration Officer

ASFA Learning, Level 11, 77 Castlereagh Street, Sydney, NSW 2000