

	Complaints / Appeals Form	FTCF-013a
		Effective date:08/09/2025
		Rev : 03

Date of Receipt:	Refer No.: <input type="checkbox"/> Complaint <input type="checkbox"/> Appeal
------------------	--

Submitter - General Information	
Date Submitted	
Submitter Full Name	
Submitter Position/title	
Submitter E-mail address	
Submitter Telephone	
Submitter Organisation Name	
Submitter organisation address:	
Nature Of the Appeal or Complaint	
Your Desired Outcome	
Your Evidence "Attachments or References"	
DECLARATION	
I believe that the above information is accurate.	
Signature:	Date:

	Complaints / Appeals Form	FTCF-013a
		Effective date:08/09/2025
		Rev : 03

Section 2: FC Decision			
Decision Date:			
Decision:			
Decision Explanation:			
DECISION ISSUE BY			
Name(s)	Position	Signature	Date Signed
DECISION APPROVED BY			
Name:		Position:	
Signature:		Date signed:	
The decision will be submitted to the submitter			