

AMEB QLD CUSTOMER COMPLAINT FORM

COMPLAINANT DETAILS

Enroller Name:	Eni	roller ID:
Candidate Name:		ndidate mber:
Subject:	Gra	ade:
Examiner:	Exa Date	amination te:
NB: A review of examination results will only be accepted from the enroller and must be made on one or more of the following grounds.		
DETAILS OF COMPLAINT		
	exists between written comments and the published acted the result. (if applicable)	
Studio Facilitie	s had a negative impact on the candidate's perfore	mance. NB: This is only relevant for face to
face exams. (if applicable)		

Email completed form to: complaints.ameb@qed.qld.gov.au

For full details regarding a complaint refer to the current Enrollers' Handbook

9 Nathan Ave, Ashgrove, Q 4060 / PO Box 21, Ashgrove Q 4060 | Phone: (07) 3634 0933 Email: payments.ameb@qed.qld.gov.au

