## **Complaints Lodgement Form**



Name         Title         Mr         Mrs         Ms         Miss           Address         Post Code	SECTION 1 – Personal Details								
Email       Phone         SECTION 2 - Course / Unit/ Module Details         Course Date         SECTION 3 - Complainant Declaration         I have read and understood the MPA Skills Complaints Policy and I declare that the other party to the complaint may be contacted in an attempt to resolve the issue. I agree that MPA Skills may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.         Yes       No       Date         SECTION 4 - Complaint Details         Please tick the following areas to which your complaint relates:       Services provided         I training Materials       Assessment Materials       Services provided         I training content/information       Assessment Environment       Discrimination         I training Pother       Assessment - Other       Privacy Breach         Other :       Prease outline the nature/circumstances of your complaint:       What actions have you taken, in an attempt to resolve this matter:	Name			Title	🗆 Mr	□ Mrs	🗆 Ms 🗆 Miss		
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Image: Content/Information       Assessment Facilities       Personal conflict/Behaviour         Image: Training Content/Information       Assessment Environment       Discrimination         Image: Training Content/Information       Assessment Environment       Discrimination         Image: Training Content/Information       Assessment Environment       Discrimination         Image: Training Environment       Assessment Location       Victimisation         Image: Training - Other       Assessment - Other       Privacy Breach         Image: Other :       Image: Training - Other       Privacy Breach         Image: Please outline the nature/circumstances of your complaint:       Image: Training - Other         Image: What actions have you taken, in an attempt to resolve this matter:       Image: Training - Other	Please tick th	e following areas to wh	nich your complaint	relates:					
Training Content/information Assessment Environment Discrimination   Training Environment Assessment Location Victimisation   Training – Other Assessment - Other Privacy Breach   Other : Victimisation Privacy Breach	Training I	Materials	□ Assessment M	laterials	Servic	es provic	led		
Training Environment Assessment Location Victimisation   Training – Other Assessment - Other Privacy Breach   Other : Victimisation Please outline the nature/circumstances of your complaint:	Training F	acilities	□ Assessment F	acilities	Perso	nal confli	ct/Behaviour		
Training – Other Assessment - Other   Other :   Please outline the nature/circumstances of your complaint:   What actions have you taken, in an attempt to resolve this matter:	Training 0	Content/information	Assessment E	nvironment	🗆 Discri	mination			
Other :     Please outline the nature/circumstances of your complaint:     What actions have you taken, in an attempt to resolve this matter:	Training I	Environment	Assessment L	ocation	Victim	isation			
Please outline the nature/circumstances of your complaint: What actions have you taken, in an attempt to resolve this matter:	Training -	□ Training – Other □ Assessment - Other □ Privacy Breach							
What actions have you taken, in an attempt to resolve this matter:	□ Other :	□ Other :							
	Please outline the nature/circumstances of your complaint:								
What action/resolution would you like to see occur/implemented:		nave you taken, in and							
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	What action/resolution would you like to see occur/implemented:								
Does your complaint involve another person (e.g. Trainer/Assessor/other student)?									
If yes, please provide their name:									
Does your complaint involve witnesses?  YES NO									
If yes, please provide the name/s and contact details of witnesses who are willing to support your claim:									
Name: Name:	Name:			Name:					
Address: Address:	Address:			Address:					
Phone: Phone:	Phone:			Phone:					

Approval Date:	08 Feb 2024	Approved By:	Sam Hayes		Page 1 of 2
Next Revision Date:	08 Feb 2026	Document Number:	DOC0043	Revision:	1.3



The	The Training Manager will contact you within 5 working days upon receiving this completed form.						
SECTION 5 – Admin Use Only							
	Complaint Form received (Admin)	Initial		Date:			
	Complaint Lodgement recorded (Register)	Initial		Date:			
	Letter of acknowledgement sent	Initial		Date:			
	Complaint forwarded to Director	Initial		Date:			
Note to Admin: Use "Complaints Progress Form" to record further actions regarding this complaint.							

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