

Complaints Lodgement Form

SECTION 1 – Personal Details			
Name		Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Address			Post Code
Email		Phone	
SECTION 2 – Course / Unit/ Module Details			
Code/Title		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 <input type="checkbox"/>		No <input type="checkbox"/>	Date
SECTION 4 – Complaint Details			
Please tick the following areas to which your complaint relates:			
<input type="checkbox"/> Training Materials	<input type="checkbox"/> Assessment Materials	<input type="checkbox"/> Services provided	
<input type="checkbox"/> Training Facilities	<input type="checkbox"/> Assessment Facilities	<input type="checkbox"/> Personal conflict/Behaviour	
<input type="checkbox"/> Training Content/information	<input type="checkbox"/> Assessment Environment	<input type="checkbox"/> Discrimination	
<input type="checkbox"/> Training Environment	<input type="checkbox"/> Assessment Location	<input type="checkbox"/> Victimisation	
<input type="checkbox"/> Training – Other	<input type="checkbox"/> Assessment - Other	<input type="checkbox"/> Privacy Breach	
<input type="checkbox"/> Other :			
Please outline the nature/circumstances of your complaint:			
What actions have you taken, in an attempt to resolve this matter:			
What action/resolution would you like to see occur/implemented:			
Does your complaint involve another person (e.g. Trainer/Assessor/other student)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide their name:			
Does your complaint involve witnesses? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please provide the name/s and contact details of witnesses who are willing to support your claim:			
Name:		Name:	
Address:		Address:	
Phone:		Phone:	

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The Training Manager will contact you within 5 working days upon receiving this completed form.

SECTION 5 – Admin Use Only

<input type="checkbox"/> Complaint Form received (Admin)	Initial		Date:	
<input type="checkbox"/> Complaint Lodgement recorded (Register)	Initial		Date:	
<input type="checkbox"/> Letter of acknowledgement sent	Initial		Date:	
<input type="checkbox"/> Complaint forwarded to Director	Initial		Date:	

Note to Admin: Use “*Complaints Progress Form*” to record further actions regarding this complaint.