



# Complaints and Appeals Form

To be completed by the Participant and submitted to the MTS office in person, by post or by email.

<b>Full Name:</b>			
<b>Student ID:</b>			
<b>Course Enrolled:</b>			
<b>Course Start Date:</b>			
<b>CONTACT DETAILS</b>			
<b>Address Line 1:</b>			
<b>Address Line 2:</b>			
<b>Suburb:</b>		<b>State:</b>	
		<b>Postcode:</b>	
<b>Phone:</b>			
<b>Email Address:</b>			
<b>COMPLAINT / APPEAL DETAILS</b>			
<b>Type of Incident:</b>	<input type="checkbox"/> Complaint	<input type="checkbox"/> Appeal	
<b>Date of Incident:</b>			
<b>Do you wish to formally present your case?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Please describe the matter that you wish to raise as a complaint/appeal:</b> (Please attach extra pages and any other supporting evidence if required.)			
<b>COMPLAINT / APPEAL RESOLUTION</b>			
Please answer the following questions and provide details where required to describe the efforts made to resolve this issue to date, following our complaints and appeals procedures:			
<b>Have you discussed the issue with the member(s) of staff or trainer(s) involved?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If discussions with the person(s) involved is not appropriate or ineffective, the issue can be discussed with the MTS Administration Manager in person or by phone. Have you done this?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Are you satisfied with the suggested resolution?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			



**Please provide more detail, including any other steps taken thus far to resolve the issue/complaint:**

**What outcome would you like to achieve?**

**Do you have suggestions for future improvement to this complaints and appeals process?**

**Signature:**

**Date:**

Once this form has been completed, please return it to the MTS office in person, by post or by email.

**Street Address:**

Suite 8, 6 Tilley Lane  
Frenchs Forest NSW 2086

**Postal Address:**

PO Box 6495  
Frenchs Forest NSW 2086

**Email:**

info@majortraining.com.au



**OFFICE USE ONLY**

**Date Received:**

**Comments:**

(Please attach extra pages and any other supporting evidence if required.)

**Action:**

**Continuous Improvement Recommendations:**

**Signature of CEO:**

**Date:**