

COMPLAINTS AND APPEALS FORM

The following is a cover sheet to support your complaint or appeal. Please complete the following complaint or appeal and attach any supporting documentation and send to:

Post

Office Operations Manager
MultiSkills Training
PO Box 2219
WERRIBEE VIC 3030

Email

Scan and send all documents to:
info@multiskills.com.au

Please indicate what your grievance is (*tick the appropriate box below*):

<input type="checkbox"/> Complaint	Initial notification of your dissatisfaction or an issue that has occurred
<input type="checkbox"/> Appeal	Application to have the outcome of a complaint reviewed due to dissatisfaction with the process that has been followed in dealing with the initial complaint or to have an assessment decision reviewed.

Section A – Complainant to Complete

Part 1- Your Details

Name:		Student ID: <i>(if applicable)</i>	
Course Title:		Start Date:	
Address:		Phone Number:	
Employer: <i>(if applicable)</i>			
Trainer/Assessor:			

Part 2 - Describe your Complaint or Appeal

Part 3 – Steps you have already taken

Part 4 – Describe your desired outcome

**Complainant's
Signature:**

Date:

Section B – Internal Use Only to be completed by an authorised Quality Representative

Part 1 – Complaint reference

Complaint Reference Number:

Date received:		Received by: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> In person
Received by:		
Referred to:		

Section C – Office Use Only to be completed by an authorised representative

Part 2 – Steps taken to resolve the issue

Action taken	
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Notice of action by Office Operations Manager or nominated delegate by COO/GM:

- Student informed of outcome (Email, Letter Attached)
- Attach any relevant evidence
- Student informed of outcome Verbally
- Student advised to seek appeal through external agency
- Other, please specify below:

Further action required:	<input type="checkbox"/> Yes <input type="checkbox"/> NO Details of Further Action Required:
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Corrective action required:	
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Authorised by:		Signed off date:		Date Closed:	
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