

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:
complaints@multiskills.com.au

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

Complaint

Initial notification of your dissatisfaction or an issue that has occurred

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

A large, empty rectangular box with a thin black border, intended for the user to describe their complaint or appeal.

Part 3 – Steps you have already taken

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Part 4 – Describe your desired outcome

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**Complainant's
Signature:**

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Date:

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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					
Notice of action by Office Operations Manager:					
<input type="checkbox"/> Student informed of outcome (Email, Letter Attached) <input type="checkbox"/> Attach any relevant evidence <input type="checkbox"/> Student informed of outcome Verbally <input type="checkbox"/> Student advised to seek appeal through external agency <input type="checkbox"/> Other, please specify below:					
Further action required:	<input type="checkbox"/> Yes <input type="checkbox"/> NO Details of Further Action Required:				
Corrective action required:					
Authorised by:		Signed off date:		Date Closed:	

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