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| **Complainant Details** |
| Names:  | Click or tap here to enter text. |
| Contact details: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |

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| **Complaint Details** |
| Course / Service: | Click or tap here to enter text. |
| Please outline your complaint:*Please include an outline of the issue in detail**What happened?**When did items occur?**Who was involved?*  | Click or tap here to enter text. |
| Why do you think this issue has occurred? | Click or tap here to enter text. |
| What actions would you like to happen in order to resolve this issue? | Click or tap here to enter text. |

***Office use only:***

| ***Complaint Handling – MTA Training and Employment Representative*** |
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| *Complainant type:* | [ ] Student [ ]  Student Representative [ ]  Student (Minor / Child) | [ ]  Client[ ]  RTO Staff MemberStakeholder | [ ]  Third Party Partner [ ]  Other:Click or tap here to enter text. |
| *Complaint received by:* | [ ]  By telephone[ ]  By email | [ ]  In person[ ]  By letter / mail | [ ]  By fax[ ]  Other:Click or tap here to enter text. |
| *RTO personnel receiving complaint:* | Click or tap here to enter text. |
| *Complaint raised against:* | [ ]  RTO[ ]  RTO Staff Member[ ]  Individual Working Under Direction | [ ]  Student of the RTO[ ]  Industry Expert | [ ]  RTO Third Party Partner |
| *Details:* |  |
| *Complaint assessment:* | *Safety Concern? Need for Immediate Action? Likelihood of Compensation?*[ ]  Urgent[ ]  General |
| *Immediate action taken (if any):* | Click or tap here to enter text. |
| *The due date for a response:* | ASAP and by: Click or tap here to enter text. |
| *Date written acknowledgement sent:* | Click or tap here to enter text. |
| *Complaint handling allocated to:* | Click or tap here to enter text. |
| *Identified primary cause of complaint:* | [ ]  Time / Response Issue[ ]  Communication Issue[ ]  Training Product / Course Issue[ ]  Client Needs Not Defined Issue[ ]  Client Service Issue | [ ]  Poor response to information request[ ]  Personnel Issue[ ]  Promises Not Delivered Issue[ ]  Other:Click or tap here to enter text. |

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| *Recurrent problem?* | [ ]  Yes[ ]  No |
| *Further complaint details:* | Click or tap here to enter text. |
| *Actions taken to resolve complaint:* | Click or tap here to enter text. |
| *Continuous Improvement Record raised:* | Click or tap here to enter text.*Include reference number if applicable* |
| *Actions taken to prevent reoccurrence:* | [ ]  Update to course / training product[ ]  Provision of additional information[ ]  Amended system / policy / procedure[ ]  Personnel training conducted[ ]  Personnel support undertaken[ ]  Other:Click or tap here to enter text. |
| *Written confirmation to complainant:* | [ ]  Attached Date despatched: Click or tap here to enter text. Method of despatch:Click or tap here to enter text. |

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| General Manager Name & signature: | Click or tap here to enter text. | Date: | Click or tap here to enter text. |