

RTO Form: Complaint or Appeal

Name: _____

Course Name: _____

Venue: _____

If you require assistance to complete the remainder of this form, please indicate here and a staff member of MDS Training will contact you

Indicate the nature of the complaint or appeal

- Complaint; training environment
- Complaint; assessment environment
- Assessment decision appeal
- Denial of assessment extension appeal
- Other

Location of incident, if relevant

Date of incident, if relevant _____

Provide as much information related to the event as possible:

Lodged with: _____ Position: _____

Date received: _____

Entered into Complaints Register by _____

Reference Number _____

The following action plan is to be completed and a copy given to the person lodging the complaint or appeal.

Agreed Outcome and Actions	By Who	By when

Complainant has been advised of outcomes

Copy of this form provided to complainant

Manager MDS
Training

_____ Signature _____ Date: / /

Follow Up and Closure
comments: _____

Date: / /