

Complaint Form

This form is to be used to lodge a formal complaint with MiTraining. Complaints must be lodged within 7 days of the incident. Please refer to the MiTraining Complaints Policy and Procedure before completing this form.

Please return the completed form, together with additional supporting documentation, to [support@mitraining.edu.au](mailto:support@mitraining.edu.au).

# Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Phone |  | USI |  |
| Email |  | | |

# details of complaint

|  |  |  |  |
| --- | --- | --- | --- |
| Course/Unit Code |  | Currently Enrolled | Yes  No |

Please select the following areas to which your complaint relates:

Training Materials  Assessment Materials  Discrimination

Training Content/Information  Assessment – Other  Personal Conflict/Behaviour

Training – Other  Privacy Breach  Victimisation

Services Provided

Other (please state):

|  |  |  |  |
| --- | --- | --- | --- |
| Please detail the reason for your complaint | | | |
|  | | | |
| What steps have you already taken?  *This may include communication that has taken place or your attempts to resolve the matter informally, if applicable* | | | |
|  | | | |
| What evidence do you have to support your complaint?  *List any relevant correspondence, emails or documents. Attach to your email when submitting the completed form* | | | |
|  | | | |
| Briefly state what outcome you are seeking | | | |
|  | | | |
| Does your complaint involve another person? (e.g. staff, trainer, assessor, student) | | | Yes  No |
| If Yes, please provide their name | |  | |
| Does your complaint involve witnesses? | | | Yes  No |
| If Yes, please provide the name/s and contact details of witnesses who are willing to support your claim | | | |
| Full Name |  | Phone |  |
| Full Name |  | Phone |  |

# Declaration

I have read and understood the MiTraining Complaints Policy and Procedure and certify that the information provided is true and correct. I accept that MiTraining may conduct independent checks and that I may be requested to submit further information or attend a meeting to discuss this matter further.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**Legal Guardian (if under 18 years of age)**

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name |  | Relationship |  |
| Signature |  | Date |  |

# MiTraining use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complaint Recorded on Register | |  | Complaint Number |  |
| Outcome of Process and Action Taken | | | | |
|  | | | | |
| Name |  | | Title/Position |  |
| Signature |  | | Date |  |