

Complaints and Appeals Form

STUDENTS DETAILS			
Surname Name		Given Name	
Email address			
Mobile number			
What do you want to do?	<input type="checkbox"/> Make a complaint <input type="checkbox"/> Request an appeal		
Course			

Please provide a personal statement detailing the matter relating to your complaint/appeal. Include name(s) of person(s), dates and times, where applicable. Attach evidence and/or separate sheet if additional space required.

Have you tried to resolve the matter informally?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please provide a detailed explanation of any action(s) taken, including name(s) of person(s), date and times OR reason as to why no action taken to resolve matter informally. Attach evidence and/or separate sheet if additional space required.

What outcome would you like to see from raising this complaint/appeal?

DECLARATION

I declare that the information I have provided on this form, to the best of my knowledge, is true and correct, and that it is my responsibility to provide the necessary documentation to support my application. I acknowledge that MEGT Education & Training may use the information by me to investigate the complaint. I understand that this information may also be used for the continuous improvement of the RTO's operations.

Student Signature:

Date:

When complete, submit this form

- By email to: education@megt.com.au
- In person to: RTO Manager, MEGT Education & Training, 141 Harvester Road Sunshine VIC 3020

Written acknowledgement of receipt of your form will be actioned within two (2) calendar days.

If you have any questions about this form or you require assistance to complete, please contact on 13 69 63 or education@megt.com.au

OFFICE USE ONLY			
Receiving Staff Member Name			
Complaint/Appeal recorded in register/aXcelerate	<input type="checkbox"/>	Date:	
Acknowledgement send to student	<input type="checkbox"/>	Date:	
Complaint/Appeal forwarded to RTO Manager	<input type="checkbox"/>	Date:	
Complaint checked for completeness	<input type="checkbox"/>	Date:	
FINDINGS/RECOMMENDATIONS			
Complaint Findings/Recommendations:			
<p>Complaint Outcome</p> <input type="checkbox"/> Supported <input type="checkbox"/> Not supported			
Appeal Findings:			
<p>Appeal Outcome</p> <input type="checkbox"/> Supported <input type="checkbox"/> Not supported			
Name		Position	
Signature		Date	
Complaint and Appeals Register Updated with outcome			<input type="checkbox"/>
Notice of outcome sent to student			<input type="checkbox"/>
Outcome recorded in Continuous Improvement Register (if applicable)			<input type="checkbox"/>
			Date