

Complaints Lodgement Form

SECTION 1 – Personal Details

Name:		Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Address:		Post Code:	
Email:		Tel/ Mobile:	

SECTION 2 – Course / Unit/ Module Details

Code/Title :		Date:	/ /
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SECTION 3 – Complainant Declaration

I have read and understood the QMTS Training Complaints Policy and I declare that the other party to the complaint may be contacted in an attempt to resolve the issue. I agree that QMTS Training may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.

Signature :		Date:	/ /
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SECTION 4 – Complaint Details

Please tick the following areas to which your complaint relates:

- | | | |
|---|---|--|
| <input type="checkbox"/> Training Materials | <input type="checkbox"/> Assessment Materials | <input type="checkbox"/> Services provided |
| <input type="checkbox"/> Training Facilities | <input type="checkbox"/> Assessment Facilities | <input type="checkbox"/> Personal conflict/Behaviour |
| <input type="checkbox"/> Training Content/information | <input type="checkbox"/> Assessment Environment | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Training Environment | <input type="checkbox"/> Assessment Location | <input type="checkbox"/> Victimization |
| <input type="checkbox"/> Training – Other | <input type="checkbox"/> Assessment - Other | <input type="checkbox"/> Privacy Breach |
| <input type="checkbox"/> Other : | | |

Does your complaint involve another person (e.g. Trainer/Assessor/other 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:

Name:		Name:	
Address:		Address:	
Tel/Mobile:		Tel/Mobile:	

Please outline the nature/circumstances of your complaint:

What actions have you taken, in an attempt to resolve this matter:

What action/resolution would you like to see occur/implemented:

Admin Use Only

<input type="checkbox"/> Complaint Form Received (Admin)	Initial		Date:	/	/	
<input type="checkbox"/> Complaint Lodgement recorded (Register)	Initial		Date:	/	/	
<input type="checkbox"/> Letter of Acknowledgement sent	Initial		Date:	/	/	
<input type="checkbox"/> Complaint Forwarded to Chief Operating Officer	Initial		Date:	/	/	

Note: Use "Complaints Progress Form" to record further actions regarding this Complaint.