



Feedback and/or Complaint Form

To be completed by the Complainant within 30 days of occurrence. In the case of a learner work placement issue this form must be completed as soon as practicable.

Where MP Training and Recruitment considers more than 60 calendar days are required to process and finalise a complaint or appeal the complainant will be regularly updated in writing of the progress of the matter.

Name: _____

Address: _____

Phone number: _____

Email: _____

Signature: _____

Date: _____

Please provide an accurate statement of the matter you wish to have resolved and the steps you have already taken to try to get the matter resolved. Attach extra pages as necessary.

Describe your complaint:

What have you done to try and resolve the complaint?

What outcome are you seeking? What is your suggested remedy to the problem?

Note to MP staff member receiving this form: Forward this form to the General Manager within 2 working days of receiving complaint.



Office Use Only

Received by: _____

Date: _____

Listed in Complaints Register as Complaint Number: _____

Evaluation (Ensure you adopt the principles of natural justice and procedural fairness by informing those involved in the complaint, giving them the opportunity to present their side and by operating in an unbiased way):

Recommendations:

Date outcome provided to complainant: _____

If the complainant wishes to appeal a decision made, note the next steps that will be taken, which may include referral to the relevant Senior Management Team, an independent agency or third party.

Note: For learners accessing Smart and Skilled funding who are unhappy with MP’s response, there is an option to escalate the matter to STS as per the Smart and Skilled Consumer Protection System.

All appeal information and outcomes are to be noted and saved with the original complaint, with evidence of written communication with the complainant.

General Manager Name: _____

Signature: _____

The General Manager is the Dedicated Consumer Protection Officer

Does the cause of this complaint/appeal require corrective action? i.e. Is there a root cause? Yes/No

If yes, note actions taken here to mitigate the likelihood of a reoccurrence:

Add to the Complaint register: INITIAL: _____ DATE: _____