



Provide feedback on your experience

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1.	TOU	пи	retai	13

Title		Family Name		Given name	
Participant ID (if	applicable)				
Email					
Phone		Mol	oile		
Postal address					

2. Nature of Feedback

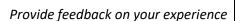
Please tick (\checkmark) the subject of your complaint. You can make more than one selection.

Marketing undertaken by the organisation	Facilities or premises
Information provided by MSS	Record keeping
Training delivery	Certificates
Delivery personnel	Courses
Assessment methods or processes	Qualifications
Teaching and learning resources	Other (please identify)
Delay in receiving information, materials or feedback	

3. Details

Date of first complaint	
Method of complaint (verbal/written) If written – please attach copy of complaint.	
Name of MSS person complaint made	
to:	
Date of response from MSS	

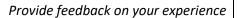






4.	Provide a brief outline of the complaint (unless attached documentation suffices). Wherever possible, you should include relevant dates, persons involved venues and reference to documents







5. Complaint Resolution

Please describe the steps you have taken to resolve the complaint.			







Please describe the resolution offered to the complainant or the information provided in lieu of any action to be taken to be taken. (for example: provided refund of x amount based on calculation according to the policy or no refund provided, explained to client refund policy and explained why they are not eligible for a refund).

To your knowledge, is the	complainant satisfied with the out	come?
If not, further steps taken	:	
•	etail which agency.	
	Staff signature lainant file, if applicable:	
Date entered into Compla		
Date entered:		