

**1. Your Details**

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

2. Nature of Feedback

Please tick (✓) 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) <i>If written – please attach copy of complaint.</i>	
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**

[illegible]

5. Complaint Resolution

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

[illegible]



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 outcome?

If not, further steps taken:

Complainant referred to: _____

If outside agency please detail which agency. _____

Date of referral: _____

Staff Name _____ **Staff signature** _____ **Date** _____

Date copy placed in complainant file, if applicable: _____

Date entered into Complaints register: _____

If result is change of policy or process please enter into Continuous Improvement register:

Date entered: _____