

Complainant Details	
Name:	
Contact details:	
Date:	

Complaint Details	
Course / Service:	
Please outline your complaint: <i>Please include an outline of the issue in detail</i> <i>What happened?</i> <i>When did items occur?</i> <i>Who was involved?</i>	
Why do you think this issue has occurred?	
What actions would you like to happen in order to resolve this issue?	

Complaint Handling – MTA Training and Employment Representative	
Complainant type:	<input type="checkbox"/> Student <input type="checkbox"/> Client <input type="checkbox"/> Third Party Partner <input type="checkbox"/> Student Representative <input type="checkbox"/> RTO Staff Member <input type="checkbox"/> Other: <input type="checkbox"/> Student (Minor / Child) <input type="checkbox"/> Stakeholder
Complaint received by:	<input type="checkbox"/> By telephone <input type="checkbox"/> In person <input type="checkbox"/> By fax <input type="checkbox"/> By email <input type="checkbox"/> By letter / mail <input type="checkbox"/> Other:
RTO personnel receiving complaint:	
Complaint raised against:	<input type="checkbox"/> RTO <input type="checkbox"/> Student of the RTO <input type="checkbox"/> RTO Third Party Partner <input type="checkbox"/> RTO Staff Member <input type="checkbox"/> Industry Expert <input type="checkbox"/> Individual Working Under Direction
Details:	

Document Number	2.5.001.1	Created Date:	05/03/2021
Document Name	Complaint Record From	Last Modified Date:	24/04/2025
Version No.	2.0	Last Reviewed:	

Complaint Handling – MTA Training and Employment Representative			
Complaint assessment:	<i>Safety Concern? Need for Immediate Action? Likelihood of Compensation?</i> <input type="checkbox"/> Urgent <input type="checkbox"/> General		
Immediate action taken (if any):			
The due date for a response:	ASAP and by:		
Date written acknowledgement sent:			
Complaint handling allocated to:			
Identified primary cause of complaint:	<div> <input type="checkbox"/> Time / Response Issue <input type="checkbox"/> Poor response to information request </div> <div> <input type="checkbox"/> Communication Issue <input type="checkbox"/> Personnel Issue </div> <div> <input type="checkbox"/> Training Product / Course Issue <input type="checkbox"/> Promises Not Delivered Issue </div> <div> <input type="checkbox"/> Client Needs Not Defined Issue <input type="checkbox"/> Other: </div> <div> <input type="checkbox"/> Client Service Issue </div>		
Recurrent problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Further complaint details:			
Actions taken to resolve complaint:			
Continuous Improvement Record raised:	<i>Include reference number if applicable</i>		
Actions taken to prevent reoccurrence:	<input type="checkbox"/> Update to course / training product <input type="checkbox"/> Provision of additional information <input type="checkbox"/> Amended system / policy / procedure		
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Complaint Handling – MTA Training and Employment Representative			
	<input type="checkbox"/> Personnel training conducted <input type="checkbox"/> Personnel support undertaken <input type="checkbox"/> Other:		
Written confirmation to complainant:	<input type="checkbox"/> Attached	Date despatched: Method of despatch:	
General Manager Name & signature:		Date:	

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