

Personal Details			
Full Name	Click or tap here to enter text.		
Address	Click or tap here to enter text.		
Email	Click or tap here to enter text.	Mobile	Click or tap here to enter text.
Preferred Contact Method	<input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Other		

Complaint/ Appeal Details			
Reason for complaint <input type="checkbox"/> Staff member <input type="checkbox"/> Student <input type="checkbox"/> Services <input type="checkbox"/> Other	Reason for Appeal <input type="checkbox"/> Assessment outcome <input type="checkbox"/> Disciplinary Action <input type="checkbox"/> Course fees <input type="checkbox"/> Formal warning <input type="checkbox"/> Privacy breach		
Complaint/ Appeal Summary			
Please outline the reason for your complaint/ appeal and attach any evidence to support this			
Click or tap here to enter text.			
Detail any informal action to try and resolve this complaint/ appeal			
Click or tap here to enter text.			
Reason for formal complaint			
Click or tap here to enter text.			
Preferred solution			
Click or tap here to enter text.			
Privacy Statement			
The information provided on this form will be used exclusively to resolve your complaint/ appeal. None of the information you provide on this form or during the complaints and appeals process will be disclosed to anyone outside of the MTA without your permission, unless required to do so by law.			
Acknowledgement			
I acknowledge that all of the information provided in this form is true and correct to the best of my knowledge and I will participate in the complaints and appeals process with a view to come to a suitable resolution for all.			
Signature		Date	Click or tap here to enter text.

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