



Formal Complaints & Appeals Form

This form is to be used to lodge a formal complaint or appeal of assessment outcome, process or general appeal. Please refer to the Complaints and Appeals policies and procedures located on our website. A complaint or request for appeal must be made within 15 working days of the event, circumstance or decision that is the subject of the complaint or request for appeal.

Please Note: Medical Administration Training is committed to maintaining high quality complaints management processes, and manage complaints according to the following principles:

Principle 1: M.A.T values the feedback and complaints provided by students, employees, and the general public.

Principle 2: M.A.T will manage complaints via the Complaints and Appeals policies and procedure.

Principle 3: M.A.T will ensure fairness and equitable treatment for both those making and those subject to complaints, including the right of appeal.

Form Instructions: Please complete as many fields as possible. We will provide written acknowledgement of receipt of your form within three (3) calendar days of receiving it. If you have questions about this form or you require assistance to complete it, please contact us on: 1300 887 082. Complainant will be advised of the outcome within 20 working days from Complaint/Appeal.

Reason for lodgement

Tick option

Complaint

Appeal

Your Contact Details

First Name:

Surname:

Mobile:

Email:

Address:

Complaint and Appeal Details

Please Provide full details of complaint or appeal:

Date the event took place:

Time:

People Involved



What outcome(s) are you seeking from this complaint/ Appeal?

Do you have a suggested remedy for the complaint or appeal?

Declaration

I hereby affirm the information provided within this form to be true and accurate. I have read and understood the complaints and appeals policy and understand that the issue will be assessed based on this policy. I acknowledge that Medical Administration Training may use the information by me to investigate the complaint or appeal and may contact other parties noted on this document.

Signature:

Date:

Name:

Office Use only

Date Received:

Complainant's emailed confirmation of receipt within three business days Yes No

Commenced the complaints process within five (5) business days of receipt of the written complaint. Yes No

Complaint / Appeal Resolved: Yes No

Complainant has been contacted and advised of the outcome within 20 working days from Complaint/Appeal Yes No

Entered in Complaints Register: Yes No

Actions Taken:

If more than 30 days are required please provide reasons:

Actioned by:

Signature: