



COMPLAINTS LODGEMENT FORM

PERSONAL DETAILS

Date:	
Student Name:	
Student ID:	
Course Code/ Course Name:	
Course Commencement Date:	

COURSE/UNIT/ MODULE DETAILS

Code/Title:	
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COMPLAINANT DECLARATION

I have read and understood the Mercury Institute of Victoria 's Complaints Policy and I declare that the other party to the complaint may be contacted in an attempt to resolve the issue. I agree that Mercury Institute of Victoria may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.

Signature:		Date:	/	/
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COMPLAINT DETAILS

Please tick the following areas to which your complaint relates:

<input type="checkbox"/> Training Materials	<input type="checkbox"/> Assessment Materials	<input type="checkbox"/> Services provided
<input type="checkbox"/> Training Facilities	<input type="checkbox"/> Assessment Facilities	<input type="checkbox"/> Personal conflict/Behaviour
<input type="checkbox"/> Training Content/information	<input type="checkbox"/> Assessment Environment	<input type="checkbox"/> Discrimination
<input type="checkbox"/> Training Environment	<input type="checkbox"/> Assessment Location	<input type="checkbox"/> Victimisation
<input type="checkbox"/> Training – Other	<input type="checkbox"/> Assessment - Other	<input type="checkbox"/> Privacy Breach
<input type="checkbox"/> Other:		

Does your complaint involve another person (e.g. Trainer/Assessor/other student)?

YES NO

If yes, please provide their name:

Does your complaint involve witnesses?

YES NO



If yes, please provide the name/s and contact details of witnesses who are willing to support your claim:

Name:		Name:	
Address:		Address:	
Tel/Mobile:		Tel/Mobile:	

Please outline the nature/circumstances of your complaint:

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What actions have you taken, in an attempt to resolve this matter:

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What action/resolution would you like to see occur/implemented:

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ADMIN USE ONLY

<input type="checkbox"/> Complaint Lodgement Form Received (Admin)	Initial:		Date:	/ /
<input type="checkbox"/> Complaint Lodgement recorded (Complaints Register)	Initial:		Date:	/ /
<input type="checkbox"/> Letter of Acknowledgement sent	Initial:		Date:	/ /
<input type="checkbox"/> Complaint Forwarded to CEO	Initial:		Date:	/ /

Note: Use "Complaints Progress Form" to record further actions regarding this Complaint.