

RTO COMPLAINT FORM

If you wish to lodge a formal complaint with Master Plumbers Association of SA Inc regarding an issue in relation to our Registered Training Organisation (RTO), please complete this form and return to:

Post: Master Plumbers Association of SA Inc. PO Box 219 Fax: 08 8292 4040 TORRENSVILLE PLAZA SA 5031 Email: admin@mpasa.com.au **CONTACT INFORMATION** Student Name: Organisation or School: ______ Address: _____ Suburb: ______ State: _____ Post Code: _____ Mobile Phone: ______ Work/Home: ______ Email: ______ Association with Master Plumbers Association of SA Inc. Current Student Parent/Guardian of Student Former Student Representative of a Student Staff Member Other *If this complaint is being made on behalf of a person under the age of 18, it is a requirement that the individual provides their permission and signature on this form. **Complaint Information** Please specify below what your complaint relates to: Quality of Training Services Certificate / Statement Errors Fees / Payments Assessment / RPL Misleading Information □ Facilities / Resources

□ Issue with Trainer/Assessor/Staff □ Other (please specify) _____



RTO COMPLAINT FORM (continued)

Complaint Information

Please specify below the training details which refer to this complaint:

Course Title:

Date Started: ______ Completion: ______

Trainer / Assessor: _____

Please provide a full, detailed description of your complaint below: (you may add another page if required)

Actions Taken

Please detail any actions you have undertaken in order to resolve the issue, prior to submitting this form:

Advised Trainer / Assessor of Issue

Advised MPA or Staff of Issue

Other (please specify) _____

Please detail the outcome/correspondence of your previous actions to resolve the issue:



RTO COMPLAINT FORM (continued)

Resolving the issue

Why do you believe this issue could not be resolved as per the actions taken above?

What actions do you believe are required in order to resolve the issue?

Do you have any other comments or requests in regards to your complaint that you wish to raise?

Supporting Evidence

Please provide any supporting evidence which relates to your complaint.

Evidence which supports your issue is very important as it may reduce the time required in order to find a suitable resolution.

MPA Policy

It is the policy of MPA that all complaints received will be treated privately, confidentially and fairly. Complainants have the right to have an independent person review the case or attend meetings during the resolution process. It is our aim to resolve complaints within 7 days of receiving the notification of a complaint. For further information, please view our Complaints and Appeals policy, available on our website.

Submission of Complaint Form

I (full name) ______ confirm that I wish to lodge the above complaint. I declare that all of the information above and attached (if applicable) is true and correct.

Signed:	Date:
Parent/Guardian Signature	Date:

(if complainant under 18 years of age)



FORMAL COMPLAINT FORM - Office Use Only

MPA Staff to complete:

The form below must be completed once a Complaint form is received to ensure all procedures have been followed correctly and that the required outcomes are achieved.

Date Form Received:	Recorded in RTO Register:	
Received and Recorded by:		

MPA Complaints Process Checklist:

- Form has been date stamped and recorded in RTO Register
- Form has been scanned to System
- Complaint has been recorded in RTO Register
- Complainant has been notified in writing that complaint form has been received **Date:**_____
- **D** Form has been provided to Training Manager and Executive Officer
- All involved individuals have been notified of issue / complaint
- Resolution recommendation established
 Details:
- Complainant has been advised of recommendation to resolve issue Date: _____

Complaint Status

Issue Resolved	Issue Rec	quires furth	ner investi	gation	/ corres	pondence

- Recorded progress and resolution in RTO Register (if applicable)
- Improvement Items recorded and actioned (if applicable)

Form completed by:		Date:	
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Please ensure this form is scanned to the system and all information is recorded in the RTO Register.