

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 145
FULLARTON SA 5063

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
 Former Student
 Parent/Guardian of 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:** _____
- Form has been provided to Training Manager and Executive Officer
- All involved individuals have been notified of issue / complaint

- Meeting has been arranged with involved parties
Meeting date (if applicable): _____

- Resolution recommendation established**
Details:

- Complainant has been advised of recommendation to resolve issue **Date:** _____

Complaint Status

- Issue Resolved** **Issue Requires further investigation / correspondence**
- Recorded progress and resolution in RTO Register (if applicable)
- Improvement Items recorded and actioned (if applicable)

Form completed by: _____ **Date:** _____

Please ensure this form is scanned to the system and all information is recorded in the RTO Register.