

NOTICE OF COMPLAINT/CONCERN/ APPEAL FORM

Master Builders Association of Victoria

Master Builders Association of Victoria has developed this form in accordance with Clauses 1.7, 1.8, 2.2, 5.4, 6.1a, 6.2, 6.3a, b, c, d, e, 6.5 of the Standards for Registered Training Organisations 2015.

STUDENT DETAILS

Full Name:	<i>First Name</i>	<i>Last Name</i>		
Course Name:				
Contact Details:	<i>Home Number</i>	<i>Mobile Number</i>	<i>Email Address</i>	
Home Address:	<i>Street Name</i>	<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
Postal Address:	<i>Street Name</i>	<i>Suburb</i>	<i>State</i>	<i>Postcode</i>

COMPLAINT/ CONCERN/ APPEAL

Please describe your complaint / concern / appeal fully, including any relevant background and previous actions you have taken to try to reach a resolution. Attach extra pages as necessary.

Please list numbers of pages attached:

Your Complaint / Concern / Appeal (strike out the non applicable)

How would you wish this complaint/appeal to be addressed?

Notice of Complaint, Concern, Appeal Form

OFFICE USE ONLY

Note: A copy of this form showing date of receipt must be given to the student.

Corrective Action Record Number (if required) :

Received by:	<i>Name of the staff</i>	<i>Signature of staff</i>	<i>DD/MM/YYYY</i>
Dispute heard by:	<i>Name of person or panel</i>	<i>Signature</i>	<i>DD/MM/YYYY</i>

OUTCOME

To be completed by the Executive Manager, Master Builders Training Institute

Complaint / concern/ appeal resolved	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>DD/MM/YYYY</i>
If the complaint/concern/appeal was not resolved, an appropriate external and independent agent will be engaged to mediate between the parties. The student will need to attend mediation. The Executive Manager will contact relevant parties with details of date, time and location.		
Outcome Implemented/notice of finding given to appellant in writing.	<input type="checkbox"/> Yes	<i>DD/MM/YYYY</i>
Student satisfied with outcome	<input type="checkbox"/> Yes	<i>DD/MM/YYYY</i>
Recorded as completed in the Continuous Improvement Register	<input type="checkbox"/> Yes	<i>DD/MM/YYYY</i>
Signature:	<i>Signature</i>	<i>DD/MM/YYYY</i>
Copy to be provided to Student once resolved.		

IS YOUR BUILDER A MASTER BUILDER?

