

Complaints Form

Instruction: Section A is to be completed by the Participant (Complainant). Once this has been completed, please hand this to you Trainer / Assessor or scan and email to info@medilearn.com.au

Section A			
Participant Details			
Participant Name:			
Current Address:			
Phone Number:		Mobile Phone Number:	
Email Address:			
Program Code/Title: (Currently Enrolled in)			
Application Details			
Date of Complaint			
Details of Complaint <i>(please attach additional pages if needed)</i>			
People Involved:			

Resolution Action: <i>(please indicate what outcome you are seeking)</i>			
Participant Declaration	I have read the MediLearn's Complaints and Appeals Policy and Procedure and agree to follow the correct process required.		
Participant Signature:		Date:	

Instruction: Section B is to be completed by MediLearn. Once this has been completed, please send any required communication to the Participant advising them of next steps and any actions required of them.

Section B			
Action to be taken to address complaint:			
Who by:		Date:	
Approved by:			
Participant (Complainant) notified of outcome:	<input type="checkbox"/> Yes Date: ___/___/___ Via <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Meeting		
Complaint Review			
Person reviewing:		Review Date:	
Agreed action completed and complaint effectively dealt with?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, detail further action(s) to be taken			
Signature:		Date:	