RTO Provider Number: 46190
Phone 0298190600
PO Box 90 Annandale NSW 2038
medilearn.com.au

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 enquire@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 *(please attach additional pages if needed)*			
People Involved:			

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Resolution Action: *(please indicate what outcome you are seeking)*			
Participant Declaration	I have read the MediLearn's Complaints and Appeals Policy and Procedure and agree to the 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:	☐ Yes Date: ____/____/_____ Via ☐ Email ☐ Letter ☐ Meeting		
Complaint Review			
Person reviewing:		**Review Date:**	
Agreed action completed and complaint effectively dealt with?		☐ Yes	☐ No
If No, detail further action(s) to be taken	Entered and Closed in Register : ☐ Yes ☐ No		
Signature:		**Date:**	