

COMPLAINT & APPEAL FORM

We required as much detail as possible about your complaint so that we have as much information as possible to address it accurately and thoroughly.

Full Name:	Date:	/ /
Student ID Number (If you are a student of Mid City College)		
Position: Employer <input type="checkbox"/> Student <input type="checkbox"/> Trainee <input type="checkbox"/> Other <input type="checkbox"/> _____		
Course undertaking:		
Trainer:		
Date of event complaint refers to: / /		

Detailed explanation of complaint / appeal (You may wish to attach further documentation.)

Please give details of the outcome you are seeking.

(If complaint received in person)
I agree that all the information provided within is true and correct

Signature:	Date:
-------------------	--------------

OFFICE USE ONLY

Complaint received by:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email (Attached)
	<input type="checkbox"/> Fax	<input type="checkbox"/> In person
Complaint type:	<input type="checkbox"/> Complaint	<input type="checkbox"/> Appeal
(If complaint received via telephone) I agree I have recorded an accurate description of the complaint / appeal		
Signature:	Date:	
Staff member Name (print):		

Action Taken

Date and details of how the trainee was advised of the outcome

College Management Signature:

Privacy Notice: The information provided on this form will be used by our organization to follow up your complaint. The information may be provided to staff who are in a position to remedy your complaint, or to the police for law enforcement purposes. The provision of this information is voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the person to whom you submit this form.

IMPORTANT NOTICE!!

- **This form MUST be submitted in the Reception in order to avoid loss or delay in processing of this Application.**
- **Ensure that all the supporting documents (if applicable) are attached with this application.**