



## Complaints and Appeals Form

APPLICANT INFORMATION		
Given Name:		Student Number:
Family Names:		
Date of Birth:		Phone Number:
Postal Address:		
City:	State:	Post Code:
Preferred Email:		
Enrolled Course:		
COMPLAINT AND APPEAL DETAILS		
Complaint relates to:		
<input type="checkbox"/> Academic matter <input type="checkbox"/> Non – academic matter		
Please provide a statement giving full details of your complaint/appeal Your statement should include the following information: <ul style="list-style-type: none"> <li><input type="checkbox"/> Name and title of people involved</li> <li><input type="checkbox"/> Dates and times of events</li> <li><input type="checkbox"/> The name of people or organisation you have approached in relation to your complaint/appeal</li> <li><input type="checkbox"/> The effect the complaint/appeal has had on you</li> <li><input type="checkbox"/> Copies of any documents relating to your complaint/appeal (e.g. witness statements)</li> </ul>		



### STUDENT DECLARATION

Have you?

Described the type of complaint or appeal:       Yes       No

Attached relevant supporting documentation:       Yes       No  
(If applicable)

1. I have read the MTTA's Complaint and Appeal Policy and Procedure.

2. I declare that the information provided by me is true and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may delay the processing of my application.

**DECLARATION:**

*I declare that the information provided and submitted by me on this form along with any supporting documents is accurate in all respects. I acknowledge that the provision of incorrect information may result in the termination of my enrolment with Mazda Technical training Australia Pty Ltd.*

*I declare that I have read and understand the Complaints and Appeals Policy and Procedure as it relates to this application.*

Signature of Applicant:

Date:

### OFFICE USE ONLY

Date Complaint and Appeal Form received:

Date Acknowledgement letter sent to student/client: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (must be within five (5) working days)

Complaint handling Record sheet completed:

MTTA RTO Manager:

Signature:

Date:



Application Outcome	
RTO Manager/MTTA delegate	
Signature:	Date:
Notice of decision sent to student/client (within ten (10) working days)	Name:
	Date: