

Macarthur Disability Services Ltd.

Form: Student Complaint or Appeal

 form  filing  copy

Student Name: _____

Course Name: _____

Venue: _____

If you require assistance to complete the remainders of this form please indicate here and a staff member of MDS Training will contact you

Indicate the nature of the complaint or appeal

- Complaint
- Assessment decision appeal
- Denial of assessment extension appeal

Location of incident, if relevant

Date of incident, if relevant _____

Provide as much information related to the event as possible:

Lodged with: _____ Position: _____

Date received: _____

The following action plan is to be completed and a copy given to the person lodging the complaint or appeal.
Original form is retained by MDS Training Coordinator to monitor corrective action and continuous improvement.

Agreed Outcome to be achieved	Agreed Action to achieve outcome	By Who	By when

I understand and agree with the plan:

Student name:

_____ Signature _____ Date: / /

MDS Staff:

Name _____ Signature _____ Date: / /

Follow Up and Closure comments: _____

Date: / /