MALLEE FAMILY CARE
towards stronger more caring communities

All STAR Access Training Services

Student Complaint Form

STUDENT COMPLAINT FORM

This form is to be forwarded to the ASATS Manager to be recorded in the Complaints file. A copy also be forwarded to Corporate Services Department of Mallee Family Care

Surname:	Given Name:
Address:	
Home/Mobile Phone:	
Email Address:	

My complaint is: (Attach any evidence or documents that support your complaint. Include date and time of complaint issue if applicable. Continue on the back of this page if more space is required)

To resolve my complaint or grievance I would like All STAR Access Training Services to:

I would like to be advised of progress by (tick appropriate box):

Phone:		Post::		Email:		Face to Face	

Complainant's Signature: _____ Date: / /

Staff Signature: _____ Date: / /

ASATS Manager's Comments

Managers Signature: _____ Date: / /

Proposed Resolution:

Complainant's Response to Proposed Resolution

I accept the proposed resolution ☐ YES ☐ NO
If NO the proposed further action is to: Appeal ☐ Refer to MFC CEO for review See ASATS Complaints Policy for referral procedure Other ☐ Details.

Complainant's Signature: _____	Date: / /
Staff Signature: _____	Date: / /