

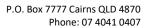
Complaint Form

Note: By completing this form, you will be lodging a formal complaint.

We thank you for taking the time to notify us of your concern. We value your feedback and hope to be able to resolve your complaint as soon as possible.

You will receive a confirmation receipt within five (5) working days.

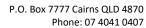
| Date: | | | | | |
|---|--|--|--|--|--|
| Name: | | | | | |
| Phone Number: | | | | | |
| Relationship to MiHaven Training | ☐ Student ☐ Contractor ☐ Staff Member ☐ Employer☐ Industry Representative ☐ Other | | | | |
| Please detail your concern in full, giving as much detail as possible | | | | | |
| | | | | | |
| Signature | | | | | |





OFFICE USE ONLY

| Received by | | Complaints Number Issued | | | |
|--|------------------------------|---|--------------------|--|--|
| Date | | Given to Training Operations Manager | | | |
| Date written acknowledgement forwarded | | Ву | | | |
| Date Issued | | Follow up Date (NB: Sixty (60) day limit) | | | |
| Action Taken (meetings, investigation, interviews and formal hearings). Attach all documentation | | | | | |
| | | | | | |
| Note any referral to independent party or authority. | | | | | |
| Note any referral to in | dependent party or authority | | | | |
| | n and any further recom | mendations for action (impro | vement, corrective | | |
| Record of decision | n and any further recom | | vement, corrective | | |
| Record of decision | n and any further recom | | vement, corrective | | |
| Record of decision | n and any further recom | | vement, corrective | | |
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| Record of decision | n and any further recom | | vement, corrective | | |
| Record of decision | n and any further recom | | vement, corrective | | |





| Specify possible improvement based on complaint | | | | |
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| Date of finalisation or external referral | | | | |
| Signature Signature | Date | | | |
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| Entry into file | Date | | | |
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