

Complaints/Appeals Form

The MAST Academy wishes to resolve all complaints and/or appeals to the satisfaction of all parties concerned and to prevent the likelihood of similar complaints arising in the future.

Your complaint/appeal will be treated in the utmost confidence.

Complainant Information:

Address:

Name: _____ Date of Incident: _____

Mobile Phone No.:	Home phone:	email:

Description of Complaint/Appeal:

Contact Method:
Dote and Time: ______
Date and Time: ______

For MAST Academy use only

Action Taken:	
Need for further review/follow-up:	Date of Schedule Review:
Remarks:	Complaints Resolved?
Employee Name:	Date Resolved:
