**Complaint or Appeal Form - Complainant**

|  |  |
| --- | --- |
| Name of Complainant: |  |
| Business Name (if relevant) |  |
| Address: |  |
| Phone: |  |
| Email: |  |
| Name of Mediator: |  |
| Phone: |  |
| Email: |  |
| Date you contacted Mediation Institute |  |
| What issue(s) are you seeking to lodge a complaint about?  |  |
| What is the consequence of what happened? |  |
| Mediation Institute Members agree to comply with our Code of Ethics which relates back to the NMAS Mediator Accreditation System and the obligations of Family Dispute Resolution Practitioners. You will find more information in the documents below.Complaint Handling Policy - [https://www.mediationinstitute.edu.au/Mediation-Institute-Independent-Complaints-Handling-Service-Mediators-2022.pdf](https://www.mediationinstitute.edu.au/wp-content/uploads/2022/02/Mediation-Institute-Independent-Complaints-Handling-Service-Mediators-2022.pdf)Mi Code of Ethics - [https://www.mediationinstitute.edu.au/Mediation-Institute-Ethical-Standards-2019.pdf](https://www.mediationinstitute.edu.au/wp-content/uploads/2019/03/Mediation-Institute-Ethical-Standards-2019.pdf)  |

**Overview of the complaint process.**

1. Initial review by our office so please email this document to office@mediationinstitute.edu.au
2. If the complaint requires escalation, a Complaint Manager will be appointed.
3. They will interview with complainant and consider any supporting evidence. *Any documentary evidence provided will be shared with the practitioner.*
4. They will interview the member and consider any supporting evidence. *Any documentary evidence provided will be shared with the complainant.*
5. The Complaint Manager will consider the information and make a recommendation to Mediation Institute.
6. Mediation Institute management will then determine the outcome of the complaint investigation. This will be communicated to the complainant and practitioner.

Mediation Institute may determine a disciplinary outcome appropriate to the circumstances which may include a requirement for additional training, supervision, suspension or cancellation.

 **Office Use**

|  |  |
| --- | --- |
| Date lodged with Mediation Institute |  |
| Is escalation required? Date allocated |  |
| Recommendations Report Date |  |
| Date finalised |  |