

COMPLAINT FORM

IMPORTANT NOTES

Before you begin, please note that this Academy is required to have an internal dispute resolution process.

Please attach copies of any and all documents that are associated with the dispute to this form.

Please complete and return this form to the receptionist who will acknowledge receipt.

Name of Complainant: _____

Address: _____

Daytime Phone: _____ Mobile: _____

Email: _____

Program Name: _____ Student Number: _____

Program Start Date: _____ Program End Date: _____

Please provide details of your complaint. (Please attach a separate document if you require more space.)

Our Locations

+ Calgary Campus

403 264 2009 | 403 992 7611
Fax: 587 352 2049

1324 36 Avenue NE
Calgary, Alberta | T2E 8S1

+ Red Deer Campus

403 264 2049 | 403 986 0684
Fax: 403 986 4815

4811 48 Street
Red Deer, Alberta | T4N 1S6


+ Edmonton Campus

780 863 8236
Fax: 780 434 8328


6920 Roper Road NW
Edmonton, Alberta | T6E 0A8


What do you expect the Academy to do to resolve your complaint?
(Please attach a separate document if you require more space.)

What action, if any, have you taken to try and resolve your complaint? (Who did you speak with and what was the outcome of the conversation?).

 mtghealthcare.com

 info@mtghealthcare.com

 MTG Healthcare Academy

 @mtghealthcareacademy

Signature of Complainant

Date