



Complaint Form

Complainant Details

Name	
Student ID (if applicable)	
Contact number	
E-mail address	
Postal address	

Details of the Complaint

Date of occurrence	
Details of the complaint	
Reason(s) for your complaint	
Outcomes you are seeking	
How can we improve to avoid these situations in the future?	



Declaration

By signing this form, I certify that the information provided above is true and correct.

Signature	
Name	
Date	





Admin Use Only			
Name			
Action			
Reason for decision			
Logged in Complaints Register	<input type="checkbox"/> Yes <input type="checkbox"/> No Logged by:	Date	
Receipt letter sent	<input type="checkbox"/> Yes <input type="checkbox"/> No Sent by:	Date	
Decision letter sent	<input type="checkbox"/> Yes <input type="checkbox"/> No Sent by:	Date	
Appeal lodged	<input type="checkbox"/> Yes <input type="checkbox"/> No Reference number:	Date	
CEO signature			
Date			