



# Complaint Form

## Complainant Details

<b>Name</b>	
<b>Student ID</b> (if applicable)	
<b>Contact number</b>	
<b>E-mail address</b>	
<b>Postal address</b>	

## Details of the Complaint

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



## Declaration

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

<b>Signature</b>	
<b>Name</b>	
<b>Date</b>	



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