

STUDENT COMPLAINT REPORT FORM

| STUDENT'S FULL NAME: | ADDRESS: |
|--|--|
| | EMAIL: |
| ID NUMBER: | DAYTIME PHONE NUMBER OR MOBILE NUMBER: |
| COURSE TITLE: | NAME OF FIRST PERSON HANDLING COMPLAINT: |
| DATE AND SUBJECT OF YOUR COMPLAINT (please continue on a separate piece of paper if needed and attach to this form). | |
| | |
| WHAT WOULD YOU LIKE DONE ABOUT YOUR COMPLAINT? | |
| DO YOU HAVE A COPY OF THE "HOW TO COMPLAIN" LEAFLET? YES / NO | |
| STUDENT'S SIGNATURE: | DATE: |
| NAME OF MANAGER COMPLAINT REFERRED TO: | |