

COMPLAINTS OR GRIEVANCES FORM

Name:		Student ID:	
Address:			
Phone:			
Email:		DOB:	
Nature of complaint:			

Complaint discussed with Lecturer/Manager Yes /No (please circle)

If yes – to whom complaint was reported to: _____

Complaint or Grievance: _____

Student signature:		Date:	
Guardian Signature (if student is under 18 years of age):		Date:	
Guardian Name:			

Office use only:

Received by (Staff Member).....Date:.....

Reply to student provided by: Date.....

Action taken:..... Student interview arranged.....

Documented on Power Pro.....