

COMPLAINTS AND APPEALS FORM

Student Name: _____ Student ID: _____

Email: _____ Mobile No: _____

Address: _____

Course Name: _____

Complaint or Appeal: ☐ Appeal ☐ Complaint

DESCRIBE THE NATURE OF THE APPEAL/COMPLAINT:

DESCRIBE EFFORTS MADE TO RESOLVE THE ISSUE:

DESCRIBE EVIDENCE PROVIDED:

Student Signature:

Date:

OFFICE USE ONLY

Details Action Taken: _____

Outcome: _____

Continuous Improvement Required: ☐ No ☐ Yes

Approved Staff Name _____ Signature

Position Title _____ Date _____
