

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:		
DECODING SECONDS MADE	TO DECOLVE THE LOOKE.		
DESCRIBE EFFORTS MADE	IO RESOLVE THE ISSUE:		
DESCRIBE EVIDENCE PROV	INEN·		
DESCRIBE EVIDENCE PROV	IDED		
Student Signature:		Date:	
	OFFICE USE	ONLY	
Details Action Taken:	OITIOE GOI	ONLI	
Outcome:			
Continuous Improvement Requi	red: No	Yes	
Approved Staff Name		Signature	
Position Title	Date		

Issue Date: 15/11/2024 Page 1 of 1