

Complaint Form

By completing this form, you will be lodging a formal complaint.

We thank you for taking the time to notify us of your concern. We value your feedback and hope to be able to resolve your complaint as soon as possible. You will receive a confirmation receipt within five (5) working days.

Date	
Name	
Contact Numbers	
Please detail your concern in full, giving as much detail as possible	
Signature	

Complaint Form

Received by		Complaints Number Issued	
Date		Given to Academic Director	
Date written acknowledgement forwarded		By	
Date Issued		Follow up Date (NB: 60-day limit)	

Action Taken (meetings, investigation, interviews and formal hearings). Attach all documentation

Note any referral to independent party or authority.

Record of decision and any further recommendations for action (improvement, corrective or preventive actions)

Complaint Form

Specify possible improvement based on complaint

Admin Use Only

Complaint Form Received (Admin) Initial _____ Date _____

Complaint Lodgement recorded (register) Initial _____ Date _____