Complaint Form

**Complainant Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Student ID (if applicable) |  |
| E-mail address |  | Contact number |  |
| Postal address |  | | |

**Details of the Complaint**

|  |  |
| --- | --- |
| Date of occurrence |  |
| Details of the complaint |  |
| Reason(s) for your complaint |  |
| Outcomes you are seeking |  |
| How can we improve to avoid these situations in the future? |  |

**Declaration**

By signing this form, I certify that the information provided above is true and correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | | |
| Name |  | Date |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ADMIN USE ONLY** | | **Full Name:** |  | | **Signature:** |  | |
|  | | **Position:** |  | | **Date:** |  | |
|  | | | | | | | |
| **Action:** |  | | **Reason for decision:** | |  | | |
| **Logged in Complaints Register:** | | No  Yes ▶ | **Logged by:** |  | | **Date:** | / / |
| **Receipt letter sent:** | | No  Yes ▶ | **Sent by:** |  | | **Date:** | / / |
| **Decision letter sent:** | | No  Yes ▶ | **Sent by:** |  | | **Date:** | / / |
| **Appeal lodged:** | | No  Yes ▶ | **Reference number:** |  | | **Date:** | / / |
|  | | | | | | | | |
| **CEO Signature:** | |  | | | | **Date:** | / / |