

No:
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# Complaints Form

Student name \_\_\_\_\_ Date \_\_\_\_\_

Qualification enrolled in \_\_\_\_\_

Staff member receiving complaint \_\_\_\_\_

Reason for complaint	Follow up	Outcomes

Administration use only: to be completed by staff member as listed above
Matter closed out <input type="checkbox"/> Yes <input type="checkbox"/> No
Student advised of outcome <input type="checkbox"/> Yes <input type="checkbox"/> No
Form logged in Complaints and Appeals Register <input type="checkbox"/> Yes <input type="checkbox"/> No