



## Complaints and Appeals Form

<b>Name</b>			
<b>Family Name</b>			
<b>Student Id</b>			
<b>Address</b>			
<b>Email:</b>			
<b>Telephone number</b>			
<b>Course code &amp;Name</b>			
<b>Educator</b>			
<b>Type of Incident:</b>	<input type="checkbox"/> Complaint <input type="checkbox"/> Appeal		
<b>Date</b>			
<b>Describe the nature of the Complaint/ Appeal:</b> (Attach additional papers if you need more writing space)			
<b>Describe any efforts made to resolve the issue:</b> (Attach additional papers if you need more writing space)			
<b>Student Signature</b>		<b>Date</b>	

Disclaimer: Once this document is removed from the owner drive or printed this document is no longer controlled.

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Office use only	
Detailed action taken:	
Continuous improvement Record (CIR) made <input type="checkbox"/> yes <input type="checkbox"/> No	
Date CIR raised _____	Allocated CIR number: _____
Signature:	