Confidential

Student Complaints & Appeals Form (F-051)

TO BE COMPLETED BY STUDENT

Student ID Number: _____ Date of Birth: _____/_____/_____

Student First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Type: Complaint ❑ Appeal ❑ External Appeal: ❑

Complaint/Appeal date: _____/_____/_____

Department: _____ Course name: _____

Nature of Complaint: Academic ❑ Student Support ❑ Finance ❑

Name of Staff member involved: _____ Tick if unknown: ❑

Nature of Appeal: Assessment Complaint ❑ General Complaint ❑ Other ❑

Please state your complaint or appeal details including dates, times and other people involved:

Please state your proposed course of action or outcome to solve this complaint or appeal:

Student Signature: ……Date: ……..../……..../20…....

*Form to be submitted with Registrar

FOR OFFICE USE

Date of Submission:…….. Administrator Signature:……