



Student Complaints & Appeals Form (FO-011)

TO BE COMPLETED BY STUDENT

Student ID Number: _____ Date of Birth: ____/____/____
 Student First Name: _____ Last Name: _____
 Phone Number: _____ Email: _____

Date	Complaint type <i>EG. Complaint, appeal, or external appeal</i>	Department <i>EG. Academic, Operations, Student services etc.</i>	Nature of complaint <i>EG. Assessment complaint, General complaint, Other.</i>	Staff member <i>EG. Name of Lecturer if academic complaint.</i>

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.....

File code: FO-001

FOR OFFICE USE

Date of Submission:.....

Administrator Signature:.....

Referred to.....

Date.....