



Complaints and Appeals Form

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

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Student Signature		Date	
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Office use only

Detailed action taken:

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

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

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