



Complaints and Appeals Form

Name of Complainant:	
Address:	
Phone Number:	
Date of Complaint	
Please state the nature of your complaint or appeal, including dates, times and other people involved. Please attach supporting evidence if applicable.	

Complaint No:	
Assigned to	
Review Outcome	
Corrective/Further Action Required	
Completion Date	
Authorised by	
Sign off Date	

Details of person signing off, that the review process is being closed.

Name: _____ Signature: _____

Date: ____/____/____

Please place a copy of this form in the student's folder