



STUDENT COMPLAINTS AND APPEAL FORM

To be filled out by the student and submitted to either your Trainer or the Director of Studies

Students Name:		Student ID Number:	
Address:			
Telephone:		Date of Incident:	
Course:		Type of Incident: Complaint <input type="checkbox"/> Appeal <input type="checkbox"/>	
Describe the nature of the complaint or appeal:			
Describe any efforts made to resolve the issue:			
Students Signature:		Date:	

For Office Use Only

Details Action Taken:
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