

Student Complaints/Suggestions Form



STUDENT DETAILS			
First Name:			
Last Name:			
Date of Birth:		Student ID	
State Nature	<input type="checkbox"/> Complaint <input type="checkbox"/> Suggestion	Related to Academic	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did you try to resolve the issue informally with the concerned party? If so what was the outcome of it?	

Details of the issue (attach any supporting document if relevant)	

Student Signature:	Date:
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Office Use only

Student Complaints/Suggestions Form



(Submit this filled form to Academic Coordinator if this is related to academic or Manager Student Administration if it is related to any other matters.)

Remarks of Academic Coordinator (For Academic issues) Or Manager Student Administration (For Personal or General concerns)	
Signature:	Date:

Remarks of CEO (If any)	
Signature:	Date:

Is the outcome communicated back to the student? Yes No

(If this is a complaint and the decision is not favoured to the student, mention about the student rights to appeal against the decision and attaché the internal appeals form together with the outcome and send to the student)

Initial: _____ **Date:** _____