

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

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

<p>Details of the issue (attach any supporting document if relevant)</p>	

Student Signature:	Date:
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Student Complaints/Suggestions Form

Office Use only

(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.)

<p>Remarks of Academic Coordinator (For Academic issues) Or Manager Student Administration (For Personal or General concerns)</p>	
<p>Signature: _____ Date: _____</p>	

<p>Remarks of CEO (If any)</p>	
<p>Signature: _____ Date: _____</p>	

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 appeal's form together with the outcome and send to the student)

Initial: _____ **Date:** _____