

Complaint / Suggestion FORM

NOTE: please provide at least one point of contact with details to keep you informed of the outcome.

Personal Details

Name (Optional): _____

Contact Number / Email (Optional):

Programme / Year of study: _____

Purpose

Please tick:

Compliant:

Suggestion:

Description

Describe what action or measures you are seeking:

Date:

NOTE: all constructive criticisms, complaints and suggestions are most welcome and will be dealt with strict confidentiality and this will NOT affect you statutory rights and you will NOT be discriminated by any means.

Admin Section

OUTCOME	
Date of meeting :	
Members Present:	
Points highlighted / Arguments presented / Discussions made	
Final Outcome and reasons for the decision:	
Decision Informed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Chaired by:	Date :
Witnessed By:	Date :