

Student complaints procedure form

Please tick the appropriate type of concern:

Query

Concern

Complaint

Date: _____

Student Name: _____

Please note down the issue:

Action Taken:

Date of action taken: _____

Signature: _____

For Office Use only:

Regarding the complaints, please confirm if this has been recorded in the complaint log:

Yes

No

Signed off by:

Quality Manager: _____ Date: _____

Academic Director: _____ Date: _____