

Complaints and Appeals Form Please print neatly in BIOCK LETTERS using BLACK INK.

Please complete this form if you wish to formally report a complaint or make an appeal and submit it to the student service or Coordinator.

INFORMATIO	ON - APPLIC	ANT			
Name					
ID					
Address					
Course Title					
Contact Phone				Mobile	
Date of Incident			,		
Type of Incident:	☐ Complaint	☐ Appeal	□ Ass	sessment Appeal	
DETAILS OF	COMPLAIN	T/APPEAL	ASS	SESSMENT APPEAL	
additional Pages if	necessary.			our ground for the appeal/ complaint below. Attach	
Did you speak with your lecturer/trainer/instructor to resolve the complaint? YES □ NO □					
Did you speak with	the Counseling D	epartment to resc	lve the	e complaint? YES \(\Boxed{\omega} \) NO \(\Boxed{\omega}	
Did you speak with	the Student servi	ces to resolve the	compl	aint? YES □ NO □	
 Student Signature		_		 Date	
oludent olynature				Date	