



## Complaints and Appeals Form

<b>Name</b>			
<b>Family Name</b>			
<b>Student Id</b>			
<b>Address</b>			
<b>Email:</b>			
<b>Telephone number</b>			
<b>Course code &amp;Name</b>			
<b>Educator</b>			
<b>Type of Incident:</b>	<input type="checkbox"/> Complaint	<input type="checkbox"/> Appeal	
<b>Date</b>			
<b>Describe the nature of the Complaint/ Appeal:</b> (Attach additional papers if you need more writing space)			
<b>Describe any efforts made to resolve the issue:</b> (Attach additional papers if you need more writing space)			
<b>Student Signature</b>			<b>Date</b>

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<b>Office use only</b>
<b>Detailed action taken:</b>
<b>Continuous improvement Record (CIR) made</b> <input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>No</b>
<b>Date CIR raised</b> _____ <b>Allocated CIR number:</b> _____
<b>Signature:</b>

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