



SC6.1-1 COMPLAINTS & APPEALS FORM

Name:

Student USI Number:

Address:

Telephone:

Date of Incident:

Course:

DESCRIBE THE NATURE OF THE COMPLAINT / APPEAL:

DESCRIBE EFFORTS MADE TO RESOLVE THE ISSUE:

Signature:

Date:

OFFICE USE ONLY

Detail Action Taken:.....
.....
.....
.....

Quality Improvement Request Raised:

Yes No

Date QIR Raised:

____/____/____

QIR Raised by:

Signed:

Date: ____/____/____

QIR Received by the Chief Executive Officer Yes No

Allocated QIR N°: