



STUDENT COMPLAINT FORM

Student Complaint Form

On receipt form is to be signed and copied by Cire Training Staff Member:

Original to be given to Quality Training and Assessment Manager, copy to given to complainant for their reference

Date received:	Received by:	Signature of Receiving Officer
Name:		
Name of advocate (if applicable)		
Address:		
Contact Number:	Fax number (if applicable)	
Email:		
Relevant Program/Course:		
Tutor Name (if applicable):		
Nature of Complaint:		
Complainant Signature:		Date:
Complaint Action (if applicable)		
Signature of Quality Training and Assessment Manager		Date:

Section 2

To be completed by staff member handling complaint/grievance:

Date received:	Received by:	Signature of Receiving Officer
Name:		
Name of advocate (if applicable)		
Address:		
Contact Number:	Fax number (if applicable)	
Email:		
Relevant Program/Course:		
Tutor Name (if applicable):		
Steps taken to resolve complaint/grievance:		
Suggested Resolution:		
<input type="checkbox"/> Complainant advised of outcome in writing: Copy Attached <input type="checkbox"/> Staff member advised of outcome in writing: Copy Attached		
Signature of Complainant	Date:	
Staff member advised of outcome in writing: Copy Attached	Date:	
Signature of Staff Member	Date:	