|  |  |
| --- | --- |
| **Complaint Number:** |  |
| **Date:** |  | **Time:** |  |
| **Student Name:** |  | **ID:** |  |
| **College of:** |  | **Year Group:** |  |
| **Contact No.:** |  | **Email:** |  |

|  |
| --- |
| **Category of Complaint:** |
| **[ ]  Academic**  | **[ ]  Residence**  | **[ ]  Cafeteria** |
| **[ ]  Registration** | **[ ]  Sports Centre** | **[ ]  Locker** |
| **[ ]  Library** | **[ ]  Social Worker** | **[ ]  Transportation** |
| **[ ]  Clinic** | **[ ]  University** | **[ ]  Other** *(please specify)* |
|  |
| **Description of Complaint:** |
|  |
| **Student Signature:**  |  | **Date:** |  |

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| --- |
| **For Office Use Only:** |
| **Received by Stu. Affairs Officer:** |  | **Signature / Date:** |  |
| **Reviewed by DoS:** |  | **Signature / Date:** |  |
| **Suggested action:** |
| **Name / Signature:** |  | **Date:** |  |
| **Forwarded to *(Dean / DM / VPAA):*** |  | **Date:** |  |
| **Action Recommended by Dean/ DM / VPAA:** |
|  |
| **Name / Signature:** |  | **Date:** |  |

|  |
| --- |
| **Approval Authority Comments / Action to be Taken by:**  |
|  |
| **Name / Signature:** |  | **Date:**  |  |
| **Action Completed By:** |
| **Comments:** |
| **Name / Signature:** |  | **Date:** |  |