COMPLAINTS AND GRIEVANCES FORM

Complaints and Grievances Form	
Complaint Reference Number:	(For Office Use Only)
Date Submitted:	
Section 1: Complainant Details	
Name:	
Student/Staff ID: *(if applicable)*	
Contact Email	
Contact Phone:	
Relationship to Institution:	☐ Student ☐ Staff ☐ Alumni ☐ Partner ☐ Other
Section 2: Type of Complaint / Grievance (tick all that apply)	
	☐ Academic ☐ Facilities ☐ Security/Privacy ☐ Admissions/Registrar ☐ Behaviourial Conduct ☐ Other (please specify):
Section 3: Complaint / Grievance Details	
Department Involved:	
Date of Incident: (if applicable)	
Description of Complaint:	
Desired Outcome:	

Policy Allegedly Breached: (if applicable)	
Individuals Involved:	
Witnesses:	
Section 4: Supporting Documents	
Supporting Documents Attached:	☐ Yes ☐ No
Section 5: Declaration	
I confirm that the information provided is accurate to the best of my knowledge.	
Signature:	
Date:	
Confidentiality request:	☐ Yes ☐ No