



# Student Complaints and Appeals Form

On receipt, this form is to be signed and copied by CEAV Institute Staff Member: \_\_\_\_\_  
Original to be given to the CEAV Manager, copy to be given to complainant for their reference.

## Section 1

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



**Section 2**

To be completed by staff member handling complaint/grievance:

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