

STUDENT SUGGESTION/COMPLAINT FORM

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DETAILS OF SUGGESTION/COMPLAINT

Please tick the relevant box? (tick one):     Suggestion     Complaint

Please name the Department/Service that your suggestion/complaint is concerned with:

.....

Please describe your suggestion/complaint below:

.....  
.....  
.....  
.....  
.....

Date: \_\_\_\_\_

Intake: \_\_\_\_\_

Time: \_\_\_\_\_

Programme: \_\_\_\_\_

***FOR OFFICE USE ONLY***

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Suggestion/Complaint No.: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Priority of suggestion/complaint:     Urgent/High     Normal     Low

Timeframe of resolution:     1-2 days     3-5 days     6-10 days

Action taken:

.....  
.....  
.....  
.....

Personnel responding: \_\_\_\_\_ Feedback channel:     Telephone     Email

Suggestion/Complaint closed on: \_\_\_/\_\_\_/\_\_\_ (to be filled in when the complaint is closed)

***[Important note: Please return a copy of completed and signed form to Registrar Office upon completion]***