General Complaint Form

Please direct this Form to the Campus Officer

This side is to be used by a person who has a concern or complaint.

________________________     _________________________
First Name       Family Name

Staff ☐     Agent ☐     Other ☐

Summary of Concern
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

This is a true and accurate record of my concern or complaint.

________________________     ____ : _____ : 20 __
Signature

This form should be given to the Campus Officer for action.

________________________     ____ : _____ : 20 __
Signature of person receiving form

A response must be communicated to the complainant within 10 working days of receipt.