

Student Complaint Resolution Form

Section A

Student / Parent / Guardian Name:			
Student ID:		Date and Time:	
Contact Number:		Email:	
SUMMARY OF COMPLAINT			
Complaint made through: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In Person			
Description of Complaint:			
Signature:			
<i>(For Office use only)</i> Propose action to resolve complaint within 24 hrs:			
Parent / Guardian / Student comment: Agreed / Not agreed to the proposed Action (Please proceed to section B below)			
Signature Parent / Guardian / Student		Staff Name & Signature	

Section B For Office Use Only

Handed to	Name : _____ Designation : _____		
Investigation results and action taken summary: (to resolve within 7 days)			
Parent / Guardian / Student comment: Agreed / Not agreed to the proposed Action (proceed to Mediation channel)			
Signature Parent / Guardian / Student		MR Signature	

All the information obtained in this form will be kept confidential and for internal use only. Consent will be sought from the student should particulars of the students be used for purposes other than internal marketing and billing.

