



# Complaint Form

## Complainant Details

|                                      |  |
|--------------------------------------|--|
| <b>Name</b>                          |  |
| <b>Student ID</b><br>(if applicable) |  |
| <b>Contact number</b>                |  |
| <b>E-mail address</b>                |  |
| <b>Postal address</b>                |  |

## Details of the Complaint

|  |  |
|--|--|
| <b>Date of occurrence</b>  |  |
| <b>Details of the complaint</b>                                    |  |
| <b>Reason(s) for your complaint</b>                                |  |
| <b>Outcomes you are seeking</b>                                    |  |
| <b>How can we improve to avoid these situations in the future?</b> |  |



**Declaration**

By signing this form, I certify that the information provided above is true and correct.

|                  |  |
|------------------|--|
| <b>Signature</b> |  |
| <b>Name</b>      |  |
| <b>Date</b>      |  |



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| <b>Admin Use Only</b>                |   |             |  |
|--------------------------------------|---|-------------|--|
| <b>Name</b>                          |   |             |  |
| <b>Action</b>                        |   |             |  |
| <b>Reason for decision</b>           |   |             |  |
| <b>Logged in Complaints Register</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Logged by:        | <b>Date</b> |  |
| <b>Receipt letter sent</b>           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Sent by:          | <b>Date</b> |  |
| <b>Decision letter sent</b>          | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Sent by:          | <b>Date</b> |  |
| <b>Appeal lodged</b>                 | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Reference number: | <b>Date</b> |  |
| <b>CEO signature</b>                 |   |             |  |
| <b>Date</b>                          |   |             |  |