



Complaints & Appeals Form

Student Name:	
Student I.D.:	
Student Date of Birth:	

Course enrolled in:	
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Are you making a complaint or an appeal?	complaint <input type="checkbox"/>	appeal <input type="checkbox"/>
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Give details and attach relevant documents:	
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Have you read and understood the College's Complaints & Appeals Policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Student signature

Date

OFFICE USE

Result of Application

Name & Signature of GBC Manager

Date