



CASS TRAINING International College

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STUDENT COMPLAINT FORM

Date:

Name:

Student Number:

Course:

Teacher:

1. Student Complaint/Grievance/Appeal Problem/Issue

2. Staff (Principal Administrator / Academic Manager). Please tick the appropriate box.

Comments

Resolved: Yes / No

If no, Independent Resolution process commences.

Student Signature:

Date:

Staff Signature:

Date:

Staff Name (print):

Position: