

COMPLAINTS AND APPEALS FORM



BUSINESS LEADERSHIP INSTITUTE
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Student Details

First Name: [] Last Name: []
Course Name [] Student ID: []
Home Telephone: [] Mobile Number: []
Submission Date: [] Email: []

Please select appropriate option below:

- | | |
|---|---|
| <input type="checkbox"/> Assessment Result | <input type="checkbox"/> Intention to report course progress |
| <input type="checkbox"/> Quality of course delivery | <input type="checkbox"/> Intention to cancel enrolment |
| <input type="checkbox"/> Fees issue | <input type="checkbox"/> Physical or verbal abuse by staff or student |
| <input type="checkbox"/> Trainer delivery | <input type="checkbox"/> Discrimination or harassment by staff |
| <input type="checkbox"/> Training or assessment materials | <input type="checkbox"/> Incorrect advice given prior to enrolment |
| <input type="checkbox"/> Other academic related issue <i>please write below</i> | <input type="checkbox"/> Others <i>please write below</i> |

Details of complaint/appeal (*please detail full details of the complaint such as dates, persons involved, locations etc. Please attach a separate paper if the details are too long to fill in this form*)

[]

Student Name: []
[]

Signature []

Date: [] / [] / []