Complaints and Appeals Form

Student Name		Student Number	
Course name		Course Date	

Details of Complaint

Please attach additional pages if necessary

Student's signature		Date	
Received by Thomson Bridge on		By whom	

Complaints and Appeals (Grievances) Report

Student Number		Signed	
Student Name		Staff Member	
Other interested parties		Position	
Date received		Date	

DETAILS

Grievance	
Investigation	
Resolution	
Follow up Action	