



For official use only

Complaint Code	
Received By	
Date	

COMPLAINT FORM

This form is to be completed and submitted to Administration Department for processing.

COMPLAINANT DETAILS

NAME			
NRIC / PASSPORT NO.			
SELF DESCRIPTION	<input type="checkbox"/> CURRENT STUDENT	<input type="checkbox"/> FORMER STUDENT	<input type="checkbox"/> PARENTS
	<input type="checkbox"/> STAFF	<input type="checkbox"/> OTHER: _____	
CONTACT NO.		E-MAIL	
ADDRESS			

COMPLAINT DETAILS

NATURE OF COMPLAINT

<input type="checkbox"/> ACADEMIC	<input type="checkbox"/> STUDENT AFFAIRS	<input type="checkbox"/> FINANCE	<input type="checkbox"/> HOSTEL	<input type="checkbox"/> FACILITIES
<input type="checkbox"/> PERSONNEL	<input type="checkbox"/> OTHER: _____ <i>(Please specify)</i>			

DETAILS OF COMPLAINT:

(Please include all names, dates, location and other specific information pertinent to our understanding of the situation)

RESOLUTION:

(What resolution / outcome are you seeking in the filing of this complaint?)

DECLARATION

I declare that to the best of my knowledge all of the information given in this form is true, accurate and complete, and that I would be willing to answer further questions relating to it if necessary.

SIGNATURE
DATE