



Student Complaints Form

To be filled out by the Student and submitted to Compliance Manager/Academic Manager or any authorised CIBT Staff.

Students Name:	Student ID Number:
Contact Number :	Date:
Course Enrolled:	Type of Complaint :
Describe the nature of the complaint/grievance:	
Have you spoken with anyone regarding this or were there any efforts made by CIBT to resolve the issue:	
Students Signature:	
Date:	

For Office Use Only

Details Action Taken:		
Continuous Improvement Request Raised: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date CIR Raised:
CIR Raised by:		Note: Please attach completed form and any other supporting evidence and submit with CIR.
Outcome of complaints/any follow up action required:		
Compliance Manager/Academic Manager/Authorised CIBT Staff Signature:		Date: