

COMPLAINTS FORM (STUDNTS)

**PERSONAL INFORMATION**

Student Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
  First  Middle  Last

Student ID Number: \_\_\_\_\_

Address in Cork : \_\_\_\_\_

Contact telephone no.: \_\_\_\_\_ Email: \_\_\_\_\_

**COURSE INFORMATION**

Course Name: \_\_\_\_\_ Level: \_\_\_\_\_

Start Date: \_\_\_\_\_ Course Duration: \_\_\_\_\_

PLEASE write your complaint giving as much detail as possible, (if you need an additional page, please use the reverse of this form):

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE:**

Action Taken:

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By Whom:

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Outcome:

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Follow up with student:

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Signed (CEA Staff) \_\_\_\_\_ Student Signature: \_\_\_\_\_

Position \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_