



# STUDENT COMPLAINT FORM

We want you to know that we are sorry for any inconvenience caused to you. We are listening and we are here to resolve any disputes to the best of our ability.

Please help us understand your concerns and leave your worries behind by filling this form. Our redressal team will review and revert as soon as possible. The turnaround time for our team to revert is 48hrs.

Please give us 15 business days to resolve your concerns.

In case you do not hear in the above time frame, feel free to talk to our director or you can write to her at [tessytd@tias.com.ng](mailto:tessytd@tias.com.ng)

Students should attempt, in the first instance, to resolve a concern by using a direct and informal approach to the individual concerned wherever possible.

## YOUR DETAILS

Full Name

Student ID

## COURSE DETAILS

Course Name

Tutor's Name

Batch Timing

## POSTAL ADDRESS

**Your address during term time including summer school (only required if different to permanent address)**

Street name & number	<input type="text"/>		
Suburb	<input type="text"/>	Town / City	<input type="text"/>
Country	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>	Cell phone	<input type="text"/>

## COMPLAINT TYPE

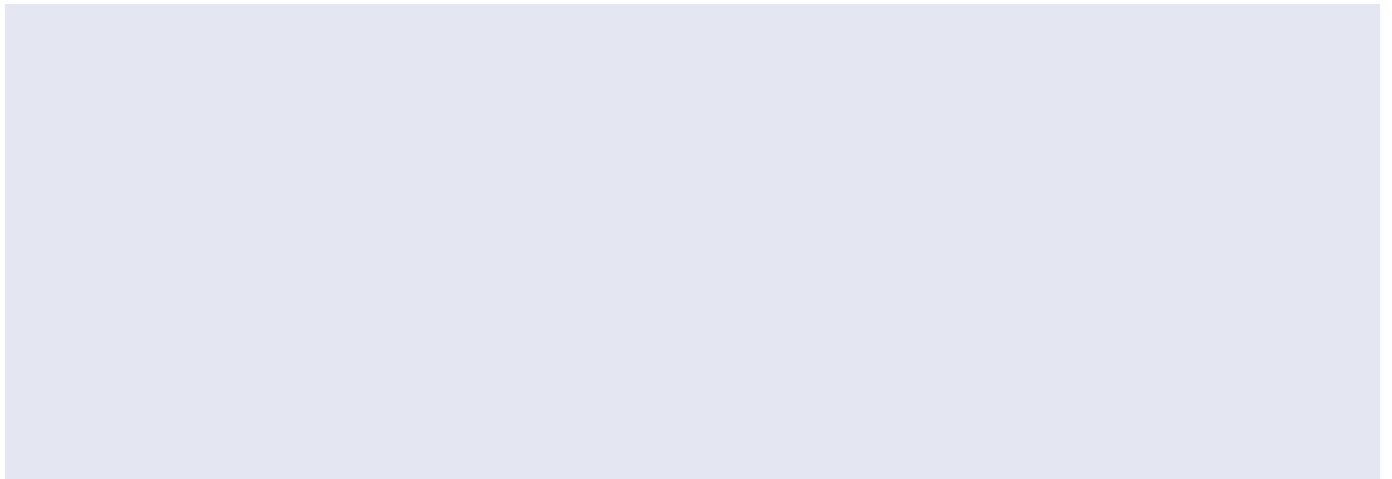
*(Tick the box that best describes your Complaint. If your Complaint type is not listed below, tick 'other' and describe briefly)*

NON ACADEMIC MATTERS	ACADEMIC MATTERS
<input type="checkbox"/> <b>Student Support Services</b> ( <i>course application, enrollment process</i> )	<input type="checkbox"/> <b>Education / Training Program</b> ( <i>course structure/content, quality of teaching</i> )
<input type="checkbox"/> <b>Facilities and Amenities</b> ( <i>classrooms/Venues/Grounds</i> )	<input type="checkbox"/> <b>Assessment Matters</b>
<input type="checkbox"/> <b>Fee Help and other Fee For Service arrangements</b>	<input type="checkbox"/> <b>Conduct of other Students</b>
<input type="checkbox"/> <b>General Administration</b> ( <i>finances and payments</i> )	<input type="checkbox"/> <b>Attendance Procedures</b> ( <i>where relevant</i> )
<input type="checkbox"/> <b>Perceived Discrimination, Unfairness and Injustice</b>	<input type="checkbox"/> <b>Recognition of Prior Learning (RPL Applications)</b>
<input type="checkbox"/> <b>Bullying, harassment</b>	<input type="checkbox"/> <b>Student Supervision</b> ( <i>while in class, on vocational placement or practical</i> )
<input type="checkbox"/> <b>Use or Misuse of Personal Information</b>	<input type="checkbox"/> <b>Issues Relating to Authority or Intellectual Property</b>
<input type="checkbox"/> <b>Conduct of Staff - non teaching staff</b>	<input type="checkbox"/> <b>Conduct of Teaching Staff</b>
<input type="checkbox"/> <b>Other</b> ( <i>please describe briefly</i> )	<input type="checkbox"/> <b>Other</b> ( <i>please describe briefly</i> )

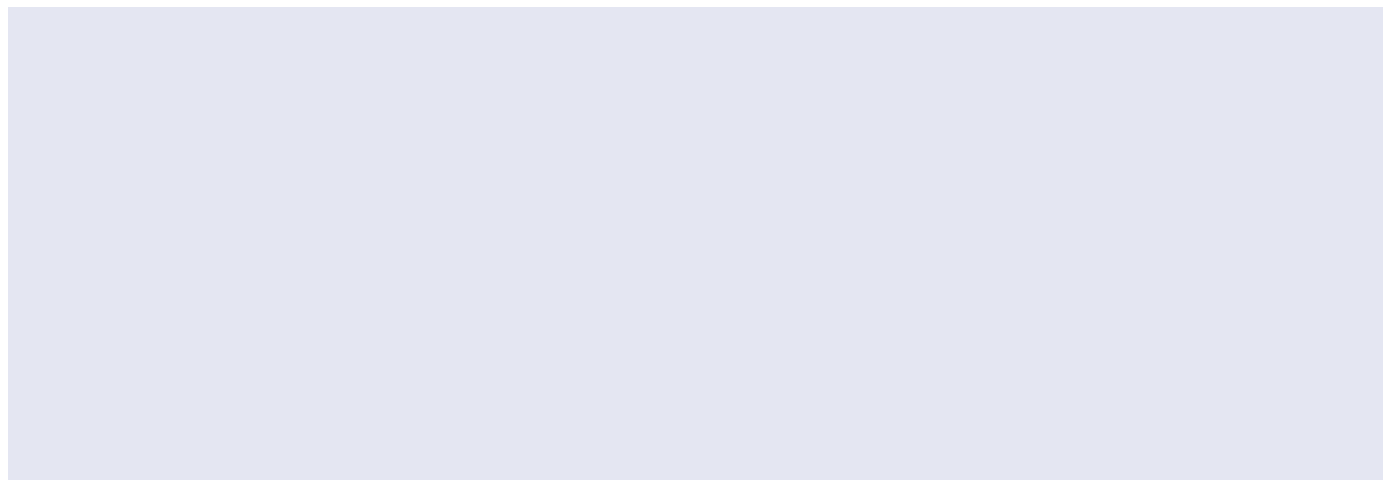
**DESCRIBE YOUR COMPLAINT ( ATTACH ADDITIONAL PAGES IF NECESSARY)**



**WHAT STEPS HAVE YOU TAKEN TO RESOLVE YOUR COMPLAINT?**



**WHAT IS YOUR DESIRED OUTCOME?**



Student  
Signature



Date



FOR OFFICE USE ONLY

Date Received

File Number

School /  
Faculty /  
Division

Received by

Estimated  
date to  
resolve

What steps  
has been  
taken to  
resolve the  
complaint?

Have you informed the student on the status of the complaint? Yes  No

Status of the complaint? In Process  Resolved  Escalated