

**Imperial College of Trades**

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**Student Complaint Form**

**ICT-S20**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Course Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Please state the nature of your complaint including date, times and other people involved

- General Complaint
- Assessment Complaint
- ESOS Complaint

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Expected resolution date \_\_\_\_\_

(Two weeks from the date of lodgment)

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Contact Officer \_\_\_\_\_

Date \_\_\_\_\_

Decision Record

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