**STUDENT COMPLAINTS FORM**

*This form should be completed in conjunction with the Student Complaints Policy and Procedure, published in the Student Book of Regulations. This form should be sent to Registry (**administration@ssst.edu.ba**). Please keep a copy of this form for your records.*

**Part A: (To be completed by the student)**

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| **Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Year of study \_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_****Student ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **I have raised the issue informally with \_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****On (specify date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| I give the consent for you to contact the following staff members: * Dean of the Department
* Academic Advisor
* Dean of Students
* Member of Management (please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Other faculty member (please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Summary of complaint (continue onto a separate sheet if necessary)  |
| **DESIRED OUTCOME**: What action would you like to see taken? Declaration:*I believe that the above information is accurate. I confirm the details of this complaint can be shared with the relevant staff.* Student signature: Date:  |
| **FOR OFFICE USE ONLY:**  |
| Complaint received on: From: | Complaint forwarded on: To:  |
| Action required:  |