**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*](mailto: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: | |