

FORMAL COMPLAINT FORM [Form QAF10]

DUBLIN INSTITUTE OF DESIGN



ATTENTION:

By completing this form you are beginning the formal complaints procedure as outlined in your learner handbook and in the Institute Policy QAP10 – Learner Complaints Procedure. By signing this form you agree to abide by the principles set out in that policy, and adhere to the procedure. This does not affect your statutory or legal rights or obligations.

PART A – PERSONAL INFORMATION

Forename(s)

[Text input field for Forename(s)]

Surname [Family Name]

[Text input field for Surname]

Address

[Text input field for Address]

Mobile Telephone Number

[Grid input field for Mobile Telephone Number]

Home Phone Number

[Grid input field for Home Phone Number]

Are you:

- Female Male (please tick)

Email Address

[Text input field for Email Address]

Course of Study

Full Time/Part Time

Day/Evening

[Table with 3 columns: Course of Study, Full Time/Part Time, Day/Evening]

PART B – DETAILS OF THE COMPLAINT

What is the nature of your complaint?

- Tutor Related Learner Related Course Related Other

NATURE OF COMPLAINT PLEASE WRITE NEATLY AND LEGIBLY HERE (Continued on next page)

[Large text area for NATURE OF COMPLAINT]

NATURE OF COMPLAINT (Continued)

TYPE OF REDRESS SOUGHT

PART C - DECLARATION

I hereby declare that all information stated on this document is to the very best of my knowledge truthful and without prejudice. I understand the policy and procedures as set out in the Institute Policy **QAP10 - Complaints Procedure & Policy**.

Signature: _____ Date: ____/____/____

PART D – OFFICIAL USE ONLY

RECEIVED BY: _____

RECEIVED BY: _____

Signature: _____

Date: _____
