

Student Complaint Form

Given Name(s): Surname:

Student ID: Date of Birth: Contact Number:

Email Address:

Course Name:

Please state the nature of your appeal including dates, times and other people involved.
(Any additional supporting documents should be attached with this form) Attach extra pages if required.

- General Complaint
 Assessment Complaint
 ESOS Complaint

**Expected resolution date:

***Please note: Milestones International College will respond to Complaints within 20 working days unless otherwise agreed upon by both parties.*

Signed: Date of Complaint:

Office Use Only

Received By: Signed: Date Received:

Action Taken:

Outcome:

Is the complainant satisfied with the outcome? YES NO → Explain appeal process to complainant.

Processed By: Signed: Date Received: