

ICBS Professional & Management Development Training
STUDENT COMPLAINT FORM

Student Information

- **Full Name:** _____ **Student ID (if applicable):** _____
- **Course Enrolled:** _____ **Instructor Name:** _____
- **Contact Number:** _____ **Email Address:** _____

Complaint Details

- **Date of Incident:** _____
- **Location of Incident:** _____
- **Nature of Complaint :** _____

- **Detailed Description of Complaint:**
(Please provide as much detail as possible, including names, dates, and specific concerns.)

- **Steps Taken to Resolve the Issue (if any):**

Preferred Resolution

(Please indicate how you would like this complaint to be addressed.)

Acknowledgment

I confirm that the above complaint is true and accurate to the best of my knowledge. I understand that ICBS Professional & Management Development Training will handle my complaint confidentially and will take appropriate action in accordance with its policies.

Student Signature: _____

Date: _____

For Office Use Only

- **Received by:** _____
- **Date Received:** _____
- **Investigation Notes:**

- **Resolution Provided:**

Reviewed by: _____

Date: _____

Decision Approved by: _____

Date: _____

Remarks (if any)