

Student Complaint Form
INSTITUTION ID 03509 DLI NO. 0130389245177

| Date of event:                    |             |
|-----------------------------------|-------------|
| Location:                         |             |
| Please describe the occurrence/pi | roblem?     |
|                                   |             |
|                                   |             |
|                                   |             |
|                                   |             |
|                                   |             |
|                                   |             |
| How can we make this right?       |             |
| How can we make this right?       |             |
|                                   |             |
|                                   |             |
|                                   |             |
|                                   |             |
|                                   |             |
| Name:                             | Student ID: |
| Address:                          |             |
| Province/Country/Postal Code      |             |
| Phone:                            |             |
| Email:                            |             |