



JAFFERY INSTITUTE OF PROFESSIONAL STUDIES

Student Complaint Form

Student Name: _____ Student ID# _____
Surname First Name Middle Initial

Address: _____

Phone Number(s): _____

Email address: _____

Complaint Summary. Please use the space below or attach additional information as needed to describe the complaint. All supporting documentation should be attached (add additional sheet if required).

Student Signature Date Submitted

This completed form and supporting documentation should be returned to the Administration Office.

For Official Use Only

Date Complaint Received: _____

Actions taken by the Institution: _____

Outcomes and Follow-up Action as required:

Signature/Institution's Official

Date