

This form must be completed when you need to make a formal complaint or appeal at IHNA. Please keep a copy for your records and post or deliver to our office for the attention of Registrar.

## 1. YOUR DETAILS

Full Name:		
IHNA Student ID:		
Course:		
Address:		
Mobile:		Email:

## 2. YOUR COMPLAINT/APPEAL

Please provide an accurate statement of the matter you wish to have resolved and the steps you have taken to try to resolve the matter. Attach extra pages as necessary.

Describe your Complaint / Appeal:

What have you done to try to resolve the complaint or appeal?

What outcome are you seeking? Do you have a suggested remedy for the complaint or appeal?

Complainant/Appealer Signature:

Date:

## 3. FOR OFFICE USE ONLY

Received by:	Date:	Signature:
Complaint/Appeal Referred to:	Date:	
Panel Meeting	Date meeting was held:	
Outcome of the meeting:		
Letter issued to the Complainant/Appealer with the outcome of the Panel Meeting: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date letter was send:
Issue / Panel meeting outcome entered to Continuous Improvement Register: <input type="checkbox"/> Yes <input type="checkbox"/> No		