

**STUDENT SUPPORT**

REF NO.: SS – SCF –

REV NO.: 002

*June's Beauty School*

貴夫人美容學校

**STUDENT COMPLAINT FORM****STUDENT'S PARTICULARS**

Full Name:

Student's ID:

Date:

Course:

Contact Number:

Email:

**COMPLAINT DETAILS**

Please state clearly what you are complaining about and why.

**REDRESS DETAILS**

Please state clearly what redress you are seeking, eg an apology.

**STUDENT'S SIGNATURE****DATE**



ACKNOWLEDGED AND RECORDED BY STUDENT SUPPORT	ACKNOWLEDGED BY OPERATIONS MANAGER/HOD
<hr/> Name: _____  Date: _____	<hr/> Name: _____  Date: _____

**Action Taken:**

RESOLUTION OF GRIEVANCE/COMPLAINT
<p>I, _____ (Name) have attended the meeting on the above grievance/complaint and accept / do not accept* the explanation, offer or resolution given by the School authorities.</p> <p>In view of this, I will regard the matter as closed / wish to further pursue the matter by reference to the Singapore Medication Centre (SMC) or Singapore Institute of Arbitrators (SIArb) through the CPE Student Service Centre for mediation prior to instituting any legal action or proceedings.</p>

\*Delete where applicable

ACKNOWLEDGED BY STUDENT	ACKNOWLEDGED BY WITNESS (on behalf of June's Beauty School)
<p>_____</p> <p>Name:</p> <p>Date:</p>	<p>_____</p> <p>Name:</p> <p>Date:</p>

REFERENCE TO SMC / SIARB		
	DATE	SIGNATURE
Date referred to SMC or SIARB:		
Scheduled Meeting Date:		
Date that student was informed about SMC or SIARB mediation meeting and fees involved		

RESOLUTION OF GRIEVANCE/COMPLAINT BY SMC/SIARB

MANAGEMENT REPRESENTATIVE SIGNATURE	DATE