CHARLES TELFAIR
INSTITUTE

Student Query/Complaint Form

Please place and seal your completed form in the envelope provided and return to Student Service Counter on First Floor.

Family Name_____ First Name_____

Programme of Study_____

Telephone (home) _____ (work) _____ (mobile) _____

Email address _____

Nature of Query (Please continue overleaf if necessary)

Signature of Student: _____ **Date:** _____

Thank you for submitting your query to our attention.

Please allow 24 hours for your query to be processed. The outcome of your query will be communicated to you within three (3) working days at latest.

For Office use:

Actions taken by CTI following Student's query/complaint

Received by: _____ **Date received:** _____

Action taken by: _____ **Date taken:** _____

Feedback given by: _____ **Date given:** _____