



Merage Global Institute of Technology (MGIT)

Complaints, Appeal and Grievance Form V1

MGIT COMPLAINTS, GRIEVANCE AND APPEAL FORM

Personal Details

Surname	
First Name	
Address	
Phone (work)	
Phone (mobile)	
Phone (home)	
Email	
Please tick if applicable	<input type="checkbox"/> Student <input type="checkbox"/> other _____

Complaint Grievance, and Appeal Details

Please tell us about your complaint on the space provided below; please provide details such as

- Name and title of staff/people involved
- Dates and time

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Please tell us if you have talk to anyone at MGIT regarding your Complaint, Grievance and Appeal;	
<p>Declaration:</p> <p>I have read and understand the MGIT Complaints, Grievance and Appeal Policy and Procedure</p> <p>I declare that the details provided in this document is accurate and true recollection of the event. I fully acknowledge that it is a breach of MIGT policy and procedure to provide erroneous/inaccurate version of events, by doing so MIGT has the right to terminate my current arrangement.</p>	
Signature of Complainant:	Date:

Office Use Only	
Date CGA Form Received from the complainant	
Date the Complainant completed Form was acknowledge and sent (please tick below) <input type="checkbox"/> Email <input type="checkbox"/> Mail by Post <input type="checkbox"/> SMS	
CGA Details uploaded (please tick below) <input type="checkbox"/> Edu-point (Student) <input type="checkbox"/> Complaint Register (other)	Name of Person who uploaded or register the CGA form:
Verified by: Operation Manager	Signature/Date

Investigation Outcome
Person (s) Involve Date of Interview: Details of the interview:



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Complaints, Grievance and Appeal Outcome

Operation Manager: Signature Date



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Complaints, Grievance and Appeal Outcome was sent to student: please tick below

- Email
- Mail by Post

Date sent:

Date filed @Edupoint:

Filed by: