

EDUWEB College

Complaint / Incident Reporting Form

Case No:

Date:

Reported By / (Complainant)

| | | | | |
|----------------------------------|---------------|-----------------|----------------|----------------|
| First Name: | | | | |
| Middle Name: | | | | |
| Last Name: | | | | |
| Complainant (tick 1 only) | Parent | Guardian | Teacher | Student |
| Contact Number: | | | | |
| Email Address: | | | | |
| Job Title/ Role | | | | |

Complaint / Incident Details

| | | |
|--|--|-----------------------|
| Category of Complaint/ Incident: (Tick as appropriate) | | Theft |
| | | Defamation |
| | | Harassment |
| | | Vandalism |
| | | Violence |
| | | Unruly behavior |
| | | Collusion |
| | | Cheating in Exams |
| | | Damage |
| | | Other: (Please State) |
| Summary of Complaint/ Incident: (Include course name.) | | |

| | |
|---|--|
| | |
| Full description of Complaint/ Incident: | |
| Reason for Complaint: | |
| Name of Person/ Persons /suspects involved in the Complaint/ Incident: <i>(Enter Full Name if Applicable)</i> | |
| Name of Person/ Persons /affected as a result of the Complaint/ Incident: | |

| | |
|--|---|
| <i>(Enter Full Name if Applicable)</i> | |
| List Evidence of the Complaint/ Incident <i>(if applicable)</i> | |
| Date Offense/ Incident occurred: (yyyy-mm-dd) | |
| Time Offense was Committed: (00:00) | |
| Police Report Filed | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Follow-up Action | |

Certification

I am aware that by completing and signing this form and submitting it to EDUWEB College, I am stating the following:

- That I am the complainant of the aforesaid complaint/ incident,
- That I have completed and submitted the form,
- That all the allegations contained herein are true and correct to the best of my knowledge,
- I bear all responsibility for any false accusations made and any legal consequences arising from this. Any disputes that arise will be governed by the laws of Trinidad and Tobago.
- I authorize EDUWEB College to investigate my complaint/ incident and take whatever steps it deems appropriate.

Signature:

To be completed by Authorized EDUWEB College Personnel Only

Name of College representative /Investigator _____

Date 'Complaint/ Incident Reporting Form' was received _____

Type of Complaint/ Incident: Lecturer/ Moderator Academic Administrative General
Investigation Report _____

Feedback Summary _____

Additional Report Notes _____

Date Feedback given to Complainant _____

Problem Resolved No Yes If "Yes" then Formally Informally

Sign Off Details:

College Representative _____ Date _____

QMS Representative _____ Date _____

Complainant _____ Date _____