

Student Complaints Form	Mod. 000
	13-05-2019
	Rev. 0

1. Personal Details	
Title:	
Surname:	
First Name:	
Student ID Number:	
E-mail Address:	
Mobile:	

2. Address			
Address			
Town		County	
Country		Postcode	
Landline:			

3. Preferred Method of Contact	
E-mail <input type="checkbox"/>	Post <input type="checkbox"/>

4. Course Information	
On which course are/were you enrolled?	
Which year did you start this course?	
If you have finished or withdrawn from the course, when did this happen?	

5. Your Complaints	
Please give a clear account of your appeal in as few words as possible.	
Date of incident:	

Resolution
Please outline how you think this issue could be resolved if we uphold your appeal.

6. Supporting Evidence	
Please list below the evidence you will be attaching to this form to support your appeal. It is the student’s responsibility to ensure that all relevant evidence is sent with their appeal.	
Type of Evidence (e.g. Medical certificate, course handbook, etc.)	Date

Signature	
Date	

Please return this form along with any supporting evidence to:

jahas@rsp.edu.pt

-or-

JAHAS – RockSchool Porto – Complaints and Appeals

Rua João de Deus, 339

4100-461 Porto

Portugal

Office use only	
Appeals ID Number	
Date Received	