

Black Box Academy of Art and Technology - Complaint Form

Your Details	
Student <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Service Provider <input type="checkbox"/> Other (please state) _____	
Name:	Date:
Address:	
Tel No.:	email:
Nature of complaint (Please continue overleaf if necessary):	
Type:	
Service Standard <input type="checkbox"/> Premises <input type="checkbox"/> Facilities <input type="checkbox"/> Other (please state) _____	
Details:	
Please state actions taken to resolve informally, before making complaint (including dates):	
Outcome Sought (it is important that you complete this section as failure to do so may result in a delay in dealing with your complaint)	
Received by:	Date:
Acknowledged by:	Date:
Passed for investigation by:	Date:
Please return completed form to:	
Complaints Officer, Black Box Academy of Art and Technology, Lalit Galli, Kupondole, Lalitpur	