



## INSTITUTIONAL COMPLAINTS FORM

Document No.	DCEO. CSD.P02.F02
Issue No.	02
Effective Date	01/08/2019

### 1. For Customer Service Division use only

Complaint Ref. No:  Date Logged  Date resolved

### 2. Receipt of complaint (To be completed by officer receiving complaint)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Received via (Please tick)

Phone  Fax  Post  Email  Visit  Other \_\_\_\_\_

### 3. Details of the Institution

Name of the ETP you are lodging a complaint against:

\_\_\_\_\_

Relationship with the ETP (e.g. student, staff member, guardian). Please give details of your position and/or any relevant programmes you are or have been enrolled on (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 4. Details of the Complainant(s)

*(NB: You must provide this information before BQA can consider your complaint. If you wish your name to be confidential, indicate this requirement in Section 6, but still provide details in this section. If the complaint is from a group provide contact details of contact person only).*

Name(s) of complainant:

\_\_\_\_\_

Postal Address

\_\_\_\_\_

Phone

\_\_\_\_\_

Mobile:

\_\_\_\_\_

Fax

\_\_\_\_\_

**5. Type of Complaint**

Please tick the main type(s) of issue(s) your complaint relates to:

Course information, publicity or advertising material	<input type="checkbox"/>	Entry and selection procedures	<input type="checkbox"/>	Enrolment procedures	<input type="checkbox"/>
Cost information or procedures relating to financial matters	<input type="checkbox"/>	Staff qualifications or skills	<input type="checkbox"/>	Student support and guidance	<input type="checkbox"/>
Programme content	<input type="checkbox"/>	Programme delivery	<input type="checkbox"/>	Programme structure	<input type="checkbox"/>
Equipment and teaching resources	<input type="checkbox"/>	Assessment information and processes	<input type="checkbox"/>	Other (please give details below)	<input type="checkbox"/>

**6. Description of complaint**

Use extra pages if necessary

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### 7. Supporting Documents

Please attach any documents that support your complaint and list them below. You must include a copy of your original complaint to the institution.

Depending on the nature of your complaint you could include copies of the institution's response, other correspondence, notes from meetings, publicity material, invoices etc. Use extra pages if necessary.

Document attached	For BQA use only

### 8. Utilization of Internal Complaints Procedure

I confirm that I have attempted to follow the internal complaints procedure of the institution and have given it the opportunity to resolve my complaint before lodging this complaint with BQA. (This only applies if the complainant is a student.)

Yes  No

### 9. Authorisation

**You must sign this in order for BQA to consider your complaint. Please tick the relevant boxes and sign below.**

I authorise BQA to inform the institution of my name(s). Yes  No





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\_\_\_\_\_  
Name Signature Date

**13: Verification (to be completed by Customer Service Division)**

Comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name Signature Date

Please post the completed form and other evidence to: **Botswana Qualifications Authority P/Bag BO 340 Gaborone** or deliver to **BQA Offices, Block 7 Plot 66450**. For clarifications call **3657200**

