

# Brainingsafe Training and Consulting Private Limited

# Student Complaints Form

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| Name of student |  |
| Mobile number |  |
| Email address |  |
| Name of Course attended |  |
| Student Number (if applicable) |  |
| Date of attendance |  |
| Please give a detailed description of your complaint or concern. (Please use a separate sheet if necessary). | |
| Signature of the student |  |
| Date of submission |  |

Complaint received by (name and designation):

Date of receipt: