



TTHTI

Trinidad and Tobago
Hospitality and Tourism Institute

STUDENT SERVICES
DEPARTMENT
Telephone: (868) 634-
4250/2146/2147

#SSD001

COMPLAINT FORM

Please allow at least two weeks to process

Last Name	First Name
Student ID#	Date of Complaint

Nature of Complaint

PLEASE INCLUDE DATE, TIME AND LOCATION OF INCIDENT

SIGNATURE OF STUDENT

DATE

PLEASE RETURN TO MANAGER STUDENT SERVICES MANAGER OR EXECUTIVE DIRECTOR

INTERVIEW OF COMPLAINANT

PERSONS IN ATTENDANCE

(1)	LAST NAME	FIRST NAME
(2)	LAST NAME	FIRST NAME

FOR OFFICIAL USE ONLY

DETAILS OF INTERVIEW



COMPLAINT FORM

Please allow at least two weeks to process

OUTCOME OF INVESTIGATION

(Attach list of relevant documents)

 SIGNATURE OF INVESTIGATOR

 DATE

DECISION

 SIGNATURE

 DATE

 SIGNATURE

 DATE

FEEDBACK TO COMPLAINANT

 COMPLAINANT SIGNATURE

 DATE