



## Richmond School of Business (RSB) Complaints and Appeals Application Form

Personal Details			
Student ID		Date of Application	
Name		Date of Birth	
Phone		Email	
Address			
Course			
Details of Complaint and/or Appeal			
Detailed description of your complaint and/or appeal			
What outcomes are you seeking?			
How can we improve our system to avoid these situations in the future?			
Signature		Date	

Office Use Only			
Is this refund application approved?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments			
Actioned by		Position	
Signature		Date	
Electronic funds transfer date		Amount received	
Deduction		Amount refunded	