

9TH FLOOR, 80 Bloor W Toronto, ON M5S 2V1 Canada

<u>www.ibu.ca</u> Phone: 416-923-1111 Toll Free: 1-866-823-3111

Student Complaint Form

TO BE COMPLETED BY THE STUDENT:	
Student Name:	Student #:
Phone #:	IBU Email:
Program:	
Student Type: () Domestic () International	
Complaint Summary: Please use the space below or attach additional information as needed to describe the complaint. The statement should include a description of the events or circumstances upon which the complaint is based. All supporting documentation should be attached. Complaints may be submitted electronically or in person.	
Signature:	
Date:	

This completed form and supporting documents as available should be submitted to the Student Support Office. The Officials will attempt to resolve the issue or escalate the same to the appropriate University department, as needed in accordance with the University policies.



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For Office Use Only: **Student Support Office:** Request Received On (DD/MM/YY): ____ Signature: Date: ____ Registrar: Complaint Received on (DD/MM/YY): _____ **Action Taken by the University: Outcomes and Follow up Action:**

Signature: _____ Date: ____