

APPENDIX 1 IEAC COMPLAINANT FORM

1. NAME AND POSITION OF COMPLAINANT

NAME

POSITION

2. NAME AND ADDRESS OF INSTITUTION

NAME OF INSTITUTION

ADDRESS

3. NAME OF THE PERSON THE COMPLAINT IS MADE AGAINST

NAME

IEAC POSITION

Application Form for AFFILIATE ACCREDITATION WITH IEAC



4. NATURE AND DATE OF COMPLAINT

5. NAME AND CONTACT DETAILS OF ANY WITNESSES TO THE COMPLAINT

WITNESS 1

NAME

EMAIL CONTACT DETAILS

WITNESS 2

NAME

EMAIL CONTACT DETAILS

PLEASE FEEL FREE TO ADD FURTHER WITNESS DETAILS

7. MAIN COMPLAINANT

NAME

SIGNED

DATE: