

Complaints Form

Your name:	Student name:
Your relationship to student:	Student date of birth & form:
Address and postcode:	Daytime telephone number:
	Evening telephone number:
Full details of complaint (including the names of all persons involved and the dates of incidents	
referred to):	
What action, if any, have you already taken to try and resolve your complaint (for example, who did	
you speak to and what was the response)?	
What actions do you feel might resolve the problem at this stage?	
Are you attaching any paperwork? If so, please give details.	
Are you allaching any paperwork? It so, please give details.	
Circulture	Deter
Signature:	Date:

For Office use	
Date acknowledgement sent:	
Name of person complaint referred to:	
Signature	Position:
	Date: