Student Complaint pro forma

School/Department\_\_\_\_\_\_\_\_\_\_

**Student details**

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| **Full Name:** | **Student Number:** |
| **Gender:** | **Residency:** Home. EU. International |
| **Programme of Study:** | **Level of Study** UG/PGT/PGR |
| **School:** | **Year of Study (i.e., Year 1, 2,etc)** |
| **Email:** | **Mobile no:** |

**Complaint details**

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| **Category of Complaint:** (Circle as appropriate)  Teaching  Supervision  Learning Resources  Facilities  Student Support Services  Administrative Services  Harassment/Discrimination  Other\_\_\_\_\_\_\_\_\_\_ |
| **How complaint was received:** Writing |
| **Description of Complaint:** |
| **Please state the desired outcome.** |
| **For Office use only:**  **Staff member receiving complaint** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date complaint received** ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Reviewed by Head of School/Service or equivalent:** Yes / No / Not applicable  **Outcome**: Upheld in part / Upheld in full / Not upheld  **Action Taken** (if appropriate)  Please list and attach any relevant documentation. |