

CUSTOMER COMPLAINT FORM



Please use **BLOCK CAPITALS**. If you have any difficulties in filling out this form, or have any enquiries about the complaints process, please call 0115 912 5502 (ext.3447). If you would like someone to act on your behalf (perhaps a friend or relative) please provide their details along with your written permission and submit this with your form.

YOUR CONTACT DETAILS:

TITLE (E.G. MR): FORENAME: SURNAME:

ADDRESS:

POSTCODE: TELEPHONE NUMBER:

EMAIL ADDRESS:

STUDENT NUMBER (IF APPLICABLE):

COURSE (IF APPLICABLE):

HOW WOULD YOU LIKE TO RECEIVE YOUR ACKNOWLEDGEMENT AND RESPONSE LETTERS? (PLEASE TICK (✓) EMAIL POST

YOUR COMPLAINT DETAILS:

ARE YOU A ... (PLEASE TICK (✓) ONE OPTION)

STUDENT PARENT/GUARDIAN ORGANISATION/EMPLOYER

MEMBER OF THE PUBLIC OTHER (PLEASE STATE)

WHERE DOES YOUR COMPLAINT RELATE TO?

CAMPUS:

WHEN DID THE ISSUE LEADING TO YOUR COMPLAINT OCCUR? DATE:

PLEASE PROVIDE DETAILS OF YOUR COMPLAINT ON THE REVERSE

WHAT ARE THE CIRCUMSTANCES THAT HAVE LED TO YOUR COMPLAINT?

- Please include details of:
- Who was involved
 - What was said and done
 - Details of any witnesses
 - If there was any loss, damage or injury
 - What you think the college did wrong or failed to do, and what you think we should do to put it right

Feel free to attach further sheets if necessary. (Tick here(✓) if extra sheets have been attached)

PREFERRED RESOLUTION: Please tell us how you would like us to resolve your complaint

DECLARATION

SIGNATURE:

DATE:

I give my consent for the College to use the information contained within this form, including forwarding to the appropriate manager for consideration, as deemed appropriate in order to conduct an investigation into the issues raised.