**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 9100100. 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.**

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| **Your Contact Details:** |
|  |  |  |  |  |  |
| Title (e.g. Mr): |   | Forename: |   | Surname: |   |
|  |  |  |  |  |  |
| Address: |   |
|  |
|  |  |  |  |  |  |
| Post Code: |   | Telephone: |   |  |  |
|  |  |  |  |  |  |
| Email Address: |   |
|  |  |  |  |  |  |
| Student Number (if applicable:) |   |  |  |
|  |  |  |  |  |  |
| Course (if applicable):  |   |
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How would you like to receive your acknowledgement and response letters? (Please tick )

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| Email: |  | Post: |  |

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| **Informal Stage:** |
| Have you completed the Informal Complaint Stage (spoken to a member of staff about your concerns)? |
| Yes |  | Name/s of staff spoken to: |  |
| What actions were taken? |  |
| No |  | Please state reason why informal stage not completed: |  |

*Please note: Upon assessment of your complaint, the Complaints Team may refer your complaint back to the informal stage if appropriate.*

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| **Formal 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:  |

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| **What are the circumstances that have led to your complaint?** |
| Please include details of: • Who was involved. • If there was any loss, damage or injury. |
|  •    What was said and done. • What you think the college did wrong or failed to do,  |
|  •     Details of any witnesses. and what you think we should do to put it right. |
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| Feel free to attach further sheets if necessary. (Tick ( ) here if extra sheets have been attached)✔ |

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| **Preferred Resolution: Please tell us how you would like us to resolve your complaint.** |
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| **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. |
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| **Please return this electronic copy via email to feedback@nottinghamcollege.ac.uk** |  |