Student Complaint pro forma

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

**Student details**

|  |  |
| --- | --- |
| **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**

|  |
| --- |
| **Category of Complaint:** (Circle as appropriate)Teaching SupervisionLearning ResourcesFacilitiesStudent Support ServicesAdministrative ServicesHarassment/DiscriminationOther\_\_\_\_\_\_\_\_\_\_ |
| **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.  |