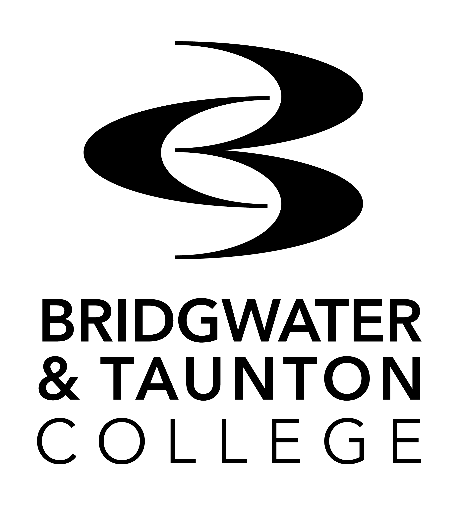
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Complaints form

Date………………………...

|  |  |
| --- | --- |
| ***Your details*** *– please use BLOCK CAPITALS* | |
| **Name** | **Course** |
| **E-mail address** | **Student reference number** |
| **Address** | **Phone number** |
| ***Your complaint*** | |
| Please give details below. Continue on a separate sheet if necessary. | |
| What do you think the College could or should do to put things right? | |
| Have you complained about this before? If so, when approximately? | |
| **Your signature** | **Signature of person taking complaint, if applicable** |
|  |  |