

Log Number _____

Academic Year: _____



RECORD OF FORMAL STUDENT COMPLAINT

Complaint made by: Student/Parent/Employer/Other	
Name:	Date:
Address:	
Postcode:	Telephone Number:
Course/Class Programme:	
If no written complaint attached, give brief description and complete form on behalf of student:	

For internal use only:

Area of Complaint:			
Assessment <input type="checkbox"/>	Course organisation <input type="checkbox"/>	Disability related <input type="checkbox"/>	Dissatisfaction with advice given <input type="checkbox"/>
Examination administration <input type="checkbox"/>	Inappropriate guidance leading to wrong course <input type="checkbox"/>	Non-availability of progression route <input type="checkbox"/>	Other <input type="checkbox"/>
Mode of contact:			
Written <input type="checkbox"/>	Personal <input type="checkbox"/>	Telephone <input type="checkbox"/>	<input type="checkbox"/>
Stage 1			
a) Acknowledgement and complaints procedure sent	<input type="checkbox"/>	Date	Day 0
b) Passed for attention to:			
Quality Manager -	<input type="checkbox"/>	Date	Day 2
Stage 2			
a) Initial Findings received from Investigating Officer	<input type="checkbox"/>	Date	
b) Progress letter 2 if required	<input type="checkbox"/>	Date	
c) Draft response from Senior Manager	<input type="checkbox"/>	Date	Day 17 (or 27)
Stage 3			
a) Final response sent	<input type="checkbox"/>	Date	Day 22 (or 32)
Stage 4			
Completion:			
a) Client satisfied	<input type="checkbox"/>	Date	
b) Client not satisfied and appeal received by Principal	<input type="checkbox"/>	Date	Day 27 (or 37)
c) Final decision of Principal	<input type="checkbox"/>	Date	Day 42 (or 52)