student complaint form

Before completing this form you should read the Complaints Policy and Complaints Procedure. For impartial advice please contact the FXU Students’ Union.

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| 1. Your details |

Full name:

………………………………………………………………….

Student number:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

Course title:

………………………………………………………………….

Year of study:

[ ]  [ ]   [ ]  [ ]

 1 2 3 PG

Preferred contact email address: …………………………………………………………

*We will send all communications relating to your complaint to your university email address unless otherwise specified.*

Preferred postal address: ………………………………………………………………….

*Upon completion of the complaint you will receive a Completion of Procedures letter to the above address.*

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| 2. Formal complaint |

Please state the full details of your complaint, including its impact:

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| *Please enter text here. Box will expand as you type.* |

Please list the supporting evidence attached to your complaint. If you are unable to provide evidence please state why:

|  |
| --- |
| *Please enter text here. Box will expand as you type.* |

If you have previously raised your complaint please describe the following:

* the action you have taken so far
* the date(s) of that action and the response received
* why you remain dissatisfied with this response

If you have been unable to raise your complaint previously, or if you were unable to escalate the matter within the timescales stated, please state why:

|  |
| --- |
| *Please enter text here. Box will expand as you type.* |

Please describe the request you would like to make/desired outcome of the complaint:

|  |
| --- |
| *Please enter text here. Box will expand as you type.* |

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| --- |
| **3. Declaration** |

Please tick to confirm the following:

[ ]  I have read the Complaints Policy and Procedure

[ ]  I have included all relevant information to support my complaint

[ ]  I have made a copy of all documentation and supporting information for my records

[ ]  I authorise those involved in the process to have access to relevant information required to make a decision, and I permit access to sensitive information (for example, a file held by the Student Services) as necessary for the investigation into and consideration of my complaint

Signature: ………………………………………………………………... Date: ………………

Please return this form by email together with scans of your supporting evidence to QAE@falmouth.ac.uk.

Alternatively you can print this form and send it along with your supporting evidence to Quality Assurance & Enhancement, Falmouth University, Falmouth Campus, Woodlane, TR11 4RH.