

COMPLAINT FORM

This form should be used to make a **formal** complaint.

Before completing this formal complaint form, correspondent should seek to resolve any difficulties informally, referring to the College Complaints Policy which can be found on the college's website.

If, having sought to resolve the issue informally, you still wish to proceed with a formal complaint please complete sections A-E of this form.

Please send this form to the following address:

Quality Department (11th floor)
Brighton Metropolitan College
Pelham Street
Brighton BN1 4FA

A) CORRESPONDENT DETAILS

Name:		
Learner number:	Telephone number:	e-mail address:
Department and Course:		
Address for correspondence (if preferred):		
(Please notify us promptly of any changes.)		

If you are raising an issue on behalf of another individual, please provide their contact details below.

Name:	Learner number:
Telephone number:	e-mail address:

B) NATURE OF THE COMPLAINT

Please tick which category your complaint falls under:

- | | |
|--|--|
| <input type="checkbox"/> (a) Application Process (Applying for a place at college) | <input type="checkbox"/> (i) Employee Conduct |
| <input type="checkbox"/> (b) Assessment Process (Assessment of work) | <input type="checkbox"/> (ii) Low level of service |
| <input type="checkbox"/> (c) Behaviour of students | <input type="checkbox"/> (iii) Rudeness of staff |
| <input type="checkbox"/> (d) Discrimination | <input type="checkbox"/> (iv) Lack of information |
| <input type="checkbox"/> (e) College Administration Procedures | <input type="checkbox"/> (v) Lack of engagement |
| <input type="checkbox"/> (f) Course Content/Structure | <input type="checkbox"/> (v) Other |
| <input type="checkbox"/> (g) Quality of Facilities | |
| <input type="checkbox"/> (h) Quality of Teaching | <input type="checkbox"/> (j) Other |

Please set out as concisely as possible the nature of your complaint; in particular it is important to know the names of any other persons involved (staff, learners or others), when the event or incident occurred and the exact circumstances of the event or incident.

Please continue on a separate sheet of paper if necessary

C) PREVIOUS ACTION

Have you raised the matter with the person(s) involved?

YES NO*

Have you raised the matter with the Head of Curriculum?

YES NO*

Have you taken advice from the Student Union or Learner Support Service?

YES NO*

*If you have not communicated with one/any of the above, please consider doing so before submitting a formal complaint.

Please explain who within the College, if anyone, you have raised the matter. If you have not raised it before, please explain your reasons why.

Please continue on a separate sheet of paper if necessary

D) DESIRED OUTCOME

Please explain the purpose of your complaint and whether there is a specific outcome that you are hoping for.

Please continue on a separate sheet of paper if necessary

E) IMPORTANT NOTE

You should be aware that some complaints may give rise to disciplinary action against other learners or staff in accordance with College Procedures.

If a complaint is considered by the Quality Team to be frivolous or malicious, the person making the complaint may be liable for disciplinary action in accordance with College Procedures.

F) DECLARATION

- I have read*/not read* the College's Complaints Procedure.
- I declare that the information contained on this form is correct.

**Please delete as appropriate*

Signature:	Date:
Signature: (if completed on behalf of someone else)	Date: