**FORMAL COMPLAINT FORM**

**Name of Complainant:**

**Male Female / AGE: 14 – 19 19+ / DISABILITY: Yes No**

**Ethnicity: Sexual Orientation: Heterosexual Yes No**

**Religion or Belief:**

**Contact Details:**

**Have you already tried to resolve this complaint informally? Yes/No** *(Please indicate)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By completing this form you are making a formal complaint, which will be investigated by a member of the College Leadership Team. We will try to respond within 10 working days. Please ensure you attach full address to guarantee a written response.**

**Nature of complaint:**

(You should include details of date(s), time, place and people involved and highlight exactly why you are making a complaint)

 Please continue overleaf if required 🡪

**Desired outcome**: (What would you like to happen as a result of your complaint?)

Signed: Date:

### Please return this form to the Quality Improvement Office,

### South Staffordshire College, Penkridge, Staffordshire, ST19 5PH or

### Email: brian.woodhouse@southstaffs.ac.uk

***Continue/...* Name of Complainant:**

|  |
| --- |
| ***For Office Use Only:*** |
| **Complaint****Received** | **Form Out** | **Form In** | **Allocated to** | **CC to HR** | **Outcome to: Dir/DoF/****Manager** | **Complainant notified** |
|  |  |  |  |  |  |  |
| ***Record of actions:*** |