

# **Formal Complaint Form**

Please read the ‘**Complaints and Appeals Procedures’ before filling in this form. This can be found** in the ‘Your Union’ section: [bucksstudentsunion.org/byelaws](http://www.bucksstudentsunion.org/byelaws)

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| FIRST NAME: |  | TITLE: MR/MISS/MS/MRS |
| FAMILY NAME: |  |
| UNIVERSITY ID NUMBER: |  |
| COURSE TITLE : |  |
| FULL TIME OR PART TIME: |  |
| YEAR OF STUDY: | FIRST / SECOND / THIRD / FOURTH / OTHER |
| CAMPUS: | HIGH WYCOMBE / UXBRIDGE / OTHER (PLEASE STATE) |
| ADDRESS FOR CORRESPONDENCE: (PLEASE INCLUDE POSTCODE) |  |
| MOBILE NUMBER: |  |
| EMAIL: |  |
| YOUR COMPLAINT |
| PLEASE SET OUT BELOW THE KEY POINTS OF YOUR COMPLAINT: |
| DATE AND TIME OF INCIDENT: |  |
| PLACE THAT THE INCIDENT OCCURRED: |  |
| SUMMARY OF INCIDENT: |  |
| DO YOU HAVE ANY DOCUMENTARY EVIDENCE?  | YES / NO(Please attach copies if yes) |
| WHO DID YOU APPROACH TO RESOLVE YOUR COMPLAINT INFORMALLY?: |  |
| DID THEY TAKE ACTION TO REMEDY YOUR COMPLAINT? | YES / NOIF YES, ACTION TAKEN:APPROXIMATE DATE: |
| WHAT PREVENTED YOUR COMPLAINT BEING RESOLVED INFORMALLY?: |  |
| HAVE YOU DISCUSSED YOUR COMPLAINT WITH ANYONE ELSE WITHIN THE STUDENT UNION?: | YES / NOIF YES,NAME: |
| WHAT OUTCOME ARE YOU LOOKING FOR TO COMPLETELY RESOLVE YOUR COMPLAINT TO YOUR SATISFACTION?: |  |
| DECLARATION: |
| I declare that the information given in this Formal Complaints Form is a true statement of the facts and that I would be willing, if required, to answer further questions related to it.I also agree to this form being held on file by the HR Manager of the Student Union (in accordance with the Data Protection Act 1998).Signed: ……………………………………………………………………………………………………………………Dated: …………………………………………………………………………………………………………………….. |