|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please read the Complaints Management Policy before completing this form.  Please provide as much information as you can in order to assist us in determining the next best steps for your complaint. Please note:   * If you are completing electronically, the boxes automatically expand as you type. * If you are completing a paper copy of this form please use additional sheets and refer to the numbers identified below to help us to cross reference your comments back to the relevant question.   Thank you. | | | | | | | | |
|  | | | | | | | | |
| Section 1. **Your Details** | | | | | | | | |
| Full Name: | |  | | | | | | |
| Your capacity in relation to this complaint: *e.g., enrolled learner, parent of learner, member of the public, user of facilities,* | |  | | | | | | |
| Course Title: | |  | | | | | | |
| Campus: | |  | | | | | | |
| Learner Name (*if different to the above)*: | |  | | | | | | |
| Learner Number (*if applicable / known*): | |  | | | | | | |
| Preferred contact email address: | |  | | | | | | |
| Section 2. **Your Complaint** | | | | | | | | |
| 2a. Please state the full details of your complaint below, including its impact: | | | | | | | | |
|  | | | | | | | | |
| 2b. If you are unable to provide any supporting evidence please explain why this is not possible below: | | | | | | | | |
|  | | | | | | | | |
| Have you previously raised your complaint within the college? Please tick ‘Yes’ or ‘No’: | | | YES: | |  | | NO: |  |
| If ‘YES’, you have previously raised your complaint within the college, please describe the following: | | | | | | | | |
| 2c. The date/s you raised it: | |  | | | | | | |
| 2d. The staff member you raised it with: | |  | | | | | | |
| 2e. The action taken so far to resolve: | |  | | | | | | |
| 2f. The response received: | |  | | | | | | |
| 2g. The reason why you remain dissatisfied with this response: | |  | | | | | | |
| 2h. If ‘NO’, you have not been able to raise your complaint previously, please describe why you have not been able to approach a staff member about your concerns: | | | | | | | | |
|  | | | | | | | | |
| 2i. Please describe the desired outcome you would like as a result of this complaint to close it to your satisfaction: | | | | | | | | |
|  | | | | | | | | |
| Section 3. **Declaration and Consent** | | | | | | | | |
| I have read the Complaints Management Policy: | | | | | | | |  |
| I have provided all relevant information to support my complaint: | | | | | | | |  |
| I have made a copy of all documentation and supporting information for my records: | | | | | | | |  |
| I authorize college staff appointed to be involved in the process to have access to any relevant information required to make a decision, including sensitive information as necessary for the investigation into, and consideration of, my complaint. | | | | | | | |  |
| ‘Third Party’ complainants only (e.g. Parent/Carer/Guardian, employer): I have provided evidence of consent to act on behalf of another individual (*Please attach a signed statement from the individual this complaint is being raised for. Validation may be sought from them before progressing)*: | | | | | | | |  |
| Lead Complainant for ‘Group’ complaints only: I have provided evidence of consent to represent a group of named individuals: | | | | | | | |  |
|  | | | | | | | |  |
| Signature of the individual completing this form: |  | | | Date: | |  | | |

Please return this form by email, together with scans of your supporting evidence (and consent authority where appropriate) to: [complaints@cornwall.ac.uk](mailto:complaints@cornwall.ac.uk)

Alternatively, you can print this form and send it by post, along with your supporting evidence (and consent authority where appropriate) to:

Complaints Office

Cornwall College Group

Tregonissey Road

St Austell

PL25 4DJ