**Appendix 1**

**Student HE Complaints Form (Stage 1)**

We encourage you in the first instance to seek a resolution with the teaching or corporate service area principally involved with your issue. This is often the quickest and most efficient way to resolve any issues you have. If, however, you are still dissatisfied, then please complete this form and submit to the Quality Office quality@howcollege.ac.uk. You will receive an acknowledgement within **5 working** days upon receipt

**YOUR DETAILS**

**In this section we ask for your information to help us communicate with you about your complaint.**

**Our default method of communication will be via email. If you would prefer to receive correspondence via post, please tick this box.** ☐

**By leaving the box unticked you are agreeing to receive correspondence from us via email.**

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| --- | --- | --- | --- |
| **First Name:** |  | **Surname:** |  |
| **Address Line**: |  |
|  | **Postcode:** |  |
| **Telephone No:** |  | **Email:** |  |
| **Student ID number:**  |  | **Course Title:** |  |
| **Student Date of Birth:** |  | **Where a student is over 18 years of age, the College will request the student’s permission to pursue the complaint when parents/guardians (or other third parties with a close connection) make a complaint on the student’s behalf. Permission must be received from the student in writing prior to the commencement of any investigation.** |

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| **Have you tried to resolve the issue informally?**  |
| Yes ☐ No ☐ |

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| **If ‘yes’ what has been the response to your complaint? If ‘no’, you are encouraged to seek a resolution with the teaching or corporate service area principally involved with your issue.** |
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| **Please give a complete and thorough account of your complaint. Please include details of the services or staff members involved, what happened and when, and reference any supporting evidence that you would like to provide (continue on a separate sheet if necessary)** |
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| --- | --- |
| **Full name (capitals):** |  |
| **Signature:** |  | **Date**: |  |