

COMPLAINT FORM

Before completing this form you should read the Complaints Policy.

1. Your details	
Full name:	Course title:
Student number:	Campus site:
Preferred contact email address:	
We will send all communications relating to your of	complaint to your email address unless
otherwise specified.	
Preferred postal address:	

2. Formal complaint
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Please state the full details of your complaint, including its impact:
Please enter text here. Box will expand as you type.
Please list the supporting evidence attached to your complaint. If you are unable to provide
evidence please state why:
Please enter text here. Box will expand as you type.

If you have previously raised your complaint please describe the following:

- the action you have taken so far
- the date(s) of that action and the response received
- why you remain dissatisfied with this response

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3. Declaration				
Please t	ick to confirm the following:			
	I have read the Complaints Policy			
	I have included all relevant information to support my complaint			
	I have made a copy of all documentation and supporting information for my records			
	I authorise those involved in the process to have access to relevant information required to make a decision, and I permit access to sensitive information (for example, a file held by the Student Services) as necessary for the investigation into and consideration of my complaint			
Signature: Date:				
	return this form by email together with scans of your supporting evidence to ints@cornwall.ac.uk			
Complai Cornwa Tregonis	tively you can print this form and send it along with your supporting evidence to: ints - Curriculum and Quality Team II College St Austell ssey Road			
St Auste PL25 4D				