

COMPLAINT FORM



Derby College Group want to hear your views: students and stakeholders can use this form to detail any formal or informal complaints.

Positive Feedback can be submitted by using our [Positive Feedback Form](#)

Please chose from the following options: I would like to make a:

Complaint - Informal Complaint - Formal

Your Details			
I am a:	Student <input type="checkbox"/>	Employer <input type="checkbox"/>	Parent/Guardian* <input type="checkbox"/> Other <input type="checkbox"/>
Name*:	<i>*If representing a student, please ensure you have the student's permission to complete this form on their behalf, you will be required to provide written consent, please provide a completed Student Declaration of Consent Form</i>		Address:
Student Name (if different from above):			
Relationship to student (if applicable):			
Student ID number (if applicable):			
Email:		Contact No.:	Date:
Details of complaint			
Curriculum Area/Area (if applicable):	Level of course: <small>(please tick)</small>	N/A <input type="checkbox"/> Level 1 <input type="checkbox"/>	Apprentice <input type="checkbox"/> HE <input type="checkbox"/> Entry <input type="checkbox"/> Level 2 <input type="checkbox"/> Pre Access <input type="checkbox"/> Level 3 <input type="checkbox"/>
Nature of complaint:	Bullying <input type="checkbox"/>	Behavioural <input type="checkbox"/>	Lecturer/Tutor <input type="checkbox"/> Customer Service <input type="checkbox"/> Teaching & Learning Issues <input type="checkbox"/> General <input type="checkbox"/> Facilities <input type="checkbox"/> Discrimination <input type="checkbox"/> Other <input type="checkbox"/>
(Details).....			
Brief summary of complaint (continue on a separate page if required):			
Complainant / Student signature:			

Please complete the Equality and Diversity information below:

What is your ethnic origin/disability? We, as a college, require this information because the Race Relations (Amendment) Act 2000 and the Disability Equality Duty Act 2005 state that it is good practice to monitor complaints by ethnicity and disability. This helps to eliminate discriminatory practice.					
White:	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Gypsy / Irish Traveller <input type="checkbox"/>		
Mixed:	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>		
Black or Black British:	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>		
Asian or Asian British:	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Chinese <input type="checkbox"/>		
Other <input type="checkbox"/>	Details				
Do you consider yourself to have a learning difficulty?			Do you consider yourself to have a disability?		
Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes please give details			If Yes please give details		

Forms should be submitted to Student Services, Reception or addressed to: Deputy CEO, Derby College Group, Roundhouse Road, Pride Park, Derby, Derbyshire, DE24 8JE

How do we use the information recorded on this form? Please refer to the Derby College Privacy Notice on our website. Copies of all documents in relation to complaints received by Derby College are filed centrally and details are logged in the complaints database.