CUSTOMER COMMENT FORM



In order to register a formal complaint, please complete the form with as much detail as possible. Include who was involved, what occurred, times, dates and evidence including witnesses. Please let us know what you think the college failed to do and what you think needs to be done to resolve the issues.

YOUR DET	AILS				,	if applicable
Name:				*Student	ID:	
Email:				Telepho	ne:	
Address:						
Preferred m	ethod of c	ontact:	Email 🗆	Telephone I	□ Post □	
		pehalf of a student:				
St	tudent Nai					
	Student					
Relationsh	nip to stude	ent:				
DETAILS OF COMPLAINT OR COMPLIMENT						
Date of event:						
Please give a summary of the complaint/compliment below:						
In order to all	low us to fu	urther monitor comr	lainte and die	scrimination in lir	ne with current legis	lation we request
		Please support us b			ic with current legis	iation we request
Gender:	Male □	Fem	nale 🗆 💮 F	Prefer not to sa	v П	
Age:	16-18 🗆	19+		10101 1101 10 00	, <u> </u>	
				iala/Duitiala 🗖	1	
Ethnicity: English/Welsh/Scottish/ Northern Irish/British						
Gypsy or Irish Traveller □ Any Other White background □ White and Black African □						
White and Asian ☐ Any other mixed/multiple ethnic background ☐						
Indian			angladeshi		Pakistani	
Chinese		Any other Asian	background		Caribbea	
African					Caribbean backgr	
Arab		Any other ethnic	group \square	Not Kr	nown/Not Given/N	A 🗆