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# **Formal Complaint Form**

Please read the ‘**Complaints and Appeals Procedures’ before filling in this form. This can be found** in the ‘Your Union’ section: [bucksstudentsunion.org/byelaws](http://www.bucksstudentsunion.org/byelaws)

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| --- | --- | --- |
| FIRST NAME: |  | TITLE: MR/MISS/MS/MRS |
| FAMILY NAME: |  | |
| UNIVERSITY ID NUMBER: |  | |
| COURSE TITLE : |  | |
| FULL TIME OR PART TIME: |  | |
| YEAR OF STUDY: | FIRST / SECOND / THIRD / FOURTH / OTHER | |
| CAMPUS: | HIGH WYCOMBE / UXBRIDGE / OTHER (PLEASE STATE) | |
| ADDRESS FOR CORRESPONDENCE: (PLEASE INCLUDE POSTCODE) |  | |
| MOBILE NUMBER: |  | |
| EMAIL: |  | |
| YOUR COMPLAINT | | |
| PLEASE SET OUT BELOW THE KEY POINTS OF YOUR COMPLAINT: | | |
| DATE AND TIME OF INCIDENT: |  | |
| PLACE THAT THE INCIDENT OCCURRED: |  | |
| SUMMARY OF INCIDENT: |  | |
| DO YOU HAVE ANY DOCUMENTARY EVIDENCE? | YES / NO  (Please attach copies if yes) | |
| WHO DID YOU APPROACH TO RESOLVE YOUR COMPLAINT INFORMALLY?: |  | |
| DID THEY TAKE ACTION TO REMEDY YOUR COMPLAINT? | YES / NO  IF YES,  ACTION TAKEN:  APPROXIMATE DATE: | |
| WHAT PREVENTED YOUR COMPLAINT BEING RESOLVED INFORMALLY?: |  | |
| HAVE YOU DISCUSSED YOUR COMPLAINT WITH ANYONE ELSE WITHIN THE STUDENT UNION?: | YES / NO  IF YES,  NAME: | |
| WHAT OUTCOME ARE YOU LOOKING FOR TO COMPLETELY RESOLVE YOUR COMPLAINT TO YOUR SATISFACTION?: |  | |
| DECLARATION: | | |
| I declare that the information given in this Formal Complaints Form is a true statement of the facts and that I would be willing, if required, to answer further questions related to it.  I also agree to this form being held on file by the HR Manager of the Student Union (in accordance with the Data Protection Act 1998).  Signed: ……………………………………………………………………………………………………………………  Dated: …………………………………………………………………………………………………………………….. | | |