

Customer Complaint Form

Please use BLOCK CAPITALS. When issues cannot be resolved by the relevant member of staff, learners may complete a formal Complaint Form and forward it to the Quality Co-ordinator via email quality@cwa.ac.uk. **(Stage 1 of the complaints process must be exhausted before completing this form.)**

If you have difficulties filling out this form, or have questions about the complaints process, please contact the Quality Co-ordinator via email quality@cwa.ac.uk. If you would like someone to act on your behalf provide their details and your written permission for the college to contact them in relation to your complaint and sent the details with your Complaint Form.

Your Contact Details:

Title (e.g. Mr): Forename: Surname:

Address:

Post Code: Telephone:

Email Address:

Student Number (if applicable):

Course name and location (if applicable):

Stage 1 (Early Resolution):

Have you participated in Stage 1 of the complaints process (spoken to a member of staff about concerns)?

Yes	Member of staff spoken to:	<input type="text"/>
	Date spoken to:	<input type="text"/>
	What actions did you take to resolve the complaint?	<input type="text"/>
	What actions did the member of staff take to resolve your complaint?	<input type="text"/>
No	Please explain why Stage 1 was not completed:	<input type="text"/>

Please note: The Quality Co-ordinator may refer your complaint back to Stage 1 if appropriate.

Formal Complaint/Escalate to Stage 2

Are you a ... (Please tick one option)

Student	<input type="checkbox"/>	Parent/ Guardian/Carer	<input type="checkbox"/>	Organisation/Employer	<input type="checkbox"/>
Member of the public	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>	<input type="text"/>	

Where does your complaint relate to?

College Location:	<input type="text"/>
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When did the issue leading to your complaint occur? **Date:**

Please provide details of the circumstances that have led to your complaint?

Please include:

- Who was involved.
- If there was any loss, damage or injury.
- What was said and/or done.
- What you think the college did wrong or failed to do.
- Details of any witnesses.

You may attach further sheets if necessary. Tick here if extra sheets have been included.

Preferred Resolution: Please tell us how you would like us to resolve your complaint.

Declaration:

Signature:

Date:

I give my consent for the college to use the information in this form, including forwarding to the appropriate manager/Investigating Officer, as deemed appropriate to investigate the issues raised.

Please return this electronic copy via email to quality@cwa.ac.uk