## Complaints Form (Stage One)



This form is for use by a student wishing to submit a complaint under University Campus Suffolk's Student Complaints Procedure. Before the form is completed the Student Complaints Procedure should be read carefully. Guidance about the complaints process itself is available from Student Services via the Infozone (01473 338833). Confidential advice and advocacy is available via the UCS Union Advice Centre (01473 338155). The form must be submitted, with any necessary supporting documentary evidence, to the UCS Student Complaints Officer. This will be handled as Stage 1 of the procedure.

CONTACT DETAILS			
Your name			
Your student ID			
Your Faculty and Department/Centre of Study			
Your contact address			
Your telephone number (if any)			
Your e-mail address			
DATE OF COMPLAINT			
DETAILS OF YOUR COMPLAIN	Т		
<b>DETAILS OF YOUR COMPLAIN</b> 1. Have you already raised this m		ember of staff?	Yes / No
	natter with a me	ember of staff?	Yes / No
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<ol> <li>Have you already raised this n</li> <li>If yes, to whom was the matter</li> </ol>	natter with a me	ember of staff?	Yes / No

4. Please describe how you have pursued your complaint to date including the outcome of any enquiries conducted at an informal level.
5. How would you like your complaint to be resolved?
Signed Dated
Please send the completed form to:
Student Complaints Officer
Academic Services University Campus Suffolk
Waterfront Building
Neptune Quay Ipswich
IP4 1QJ
Office Use
Date Received/ Investigated by Outcome Notified/_/_

Note: Please detach the following pages before submitting your completed complaints form.

## **EQUAL OPPORTUNITIES MONITORING**

University Campus Suffolk has obligations under the Sex Discrimination Act 1975, the Race Relations Act 1976, the Race Relations (Amendment) Act 2000, the Disability Discrimination Act 1995, and the Special Educational Needs and Disability Act 2001, in each case as amended from time to time and under European Law. UCS also recognises that as a public body it has a particular responsibility to promote race equality.

The Equality and Diversity policy sets out the UCS approach to equality and diversity. Its focus is the statutory duties to promote equality in terms of race, disability and gender. The policy is available on MyUCS and the UCS website.

In order that University Campus Suffolk, via the Academic Board, may fulfill its duties under the above Acts, assure itself that the student complaints procedure is being properly implemented and also help improve the procedure, it would be helpful if you would complete the form below and return to:

The PA to the Academic Registrar University Campus Suffolk Waterfront Building Neptune Quay Ipswich IP4 1QJ

Your responses to the questions will be separate from the rest of your complaints form and retained for monitoring purposes only. They will not be available or reported to anyone who is connected with the consideration of your complaint. The provisions of the Data Protection Act will apply to all personal data.

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## **EQUAL OPPORTUNITIES MONITORING FORM**

Please tick [✓] in the relevant boxes					
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and t		tion under relevant leg		a in its monitoring and r The provisions of the Da	
1.	Full Name:				
2.	Student ID:				
3.	Gender:	Female		Male	
4.	Age:	Under 21 31 – 40 51 – 60		21 – 30 41 – 50 Over 60	
5.	Student Status:	Applicant Enrolled Student Alumni		Undergraduate Postgraduate Taught	
6.	Mode of Study:	Full-time Part-time Other	□ □ □ (pleas	e describe below)	
7.	Ethnicity (please indic	cate your ethnic origin k Asian or Asian Briti Bangladeshi Chinese Indian Pakistani Other Asian backgro	ish:	he appropriate box):	
		Black or Black Briti African Caribbean Other Black background			

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		Mixed White ar	nd Black African nd Black Asian nd Black Caribbean				
		White: British, English Irish Scottish Other White Ba					
	Other Ethnic Background:						
Note: Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic groups. Citizens of the UK and of other countries may belong to any of the groups indicated.							
8. Dis	8. Disability/Special Needs:						
		Yes		No			
If yes, please briefly describe:							
9. Family responsibilities (e.g. caring for children and/or relatives):							
		Yes		No			

THANK YOU FOR COMPLETING THIS FORM. PLEASE DETACH IT FROM THE REST OF YOUR COMPLAINTS PAPERS AND SEND IT, MARKED IN CONFIDENCE, TO:

The PA to the Academic Registrar University Campus Suffolk Waterfront Building Neptune Quay Ipswich IP4 1QJ