Complaint Form

**Your Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
| Email |  | PhoneNumber |  |

**If you are making a complaint on behalf of a student, please give their details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Student ID |  |
| Relationship to Student |  |

**Have you already attempted to resolve your complaint informally? If so, please provide details (include names, dates, outcome etc)**

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**Summarise the nature of your complaint**

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**Specify the desired outcome**

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|  |

**Please send this form and any documents to support your complaint to**

**Customer Support Services at** **customersupportservices@capel.ac.uk**

**Complaints will be dealt with within 10 College days**