

Complaint Form

CP1

OFFICE USE ONLY
Complaint No.



Name:

Address:

Telephone No:

Course Name:

Please give details of your complaint *(Give as much information as possible):*

Signed:

Date:

PLEASE RETURN THIS FORM TO:

Quality and Standards, Highbury College, Tudor Crescent, Portsmouth PO6 2SA

To help us monitor equal opportunities, please tick the categories you feel describe you:

Ethnic Origin

Age

- | | | | |
|-----------------------------------|--------------------------|-------|--------------------------|
| Bangladeshi | <input type="checkbox"/> | 14-18 | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | 19-29 | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | 30-39 | <input type="checkbox"/> |
| Any other Asian background | <input type="checkbox"/> | 40-49 | <input type="checkbox"/> |
| African | <input type="checkbox"/> | 50-59 | <input type="checkbox"/> |
| Caribbean | <input type="checkbox"/> | 60+ | <input type="checkbox"/> |
| Any other Black background | <input type="checkbox"/> | | |
| Chinese | <input type="checkbox"/> | | |
| Mixed - White and Asian | <input type="checkbox"/> | | |
| Mixed - White and Black African | <input type="checkbox"/> | | |
| Mixed - White and black Caribbean | <input type="checkbox"/> | | |
| Mixed - Any other mixed | <input type="checkbox"/> | | |
| White - British | <input type="checkbox"/> | | |
| White - Irish | <input type="checkbox"/> | | |
| White - any other White | <input type="checkbox"/> | | |
| Any other | <input type="checkbox"/> | | |

Do you have any medical conditions, learning difficulties (including mental health problems, physical disabilities) or learning disabilities? YES NO

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Date received: Acknowledged by: Date:
Copy sent to: Please return draft by:
Date draft response received: Date of final response:

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