EDINBURGH NAPIER UNIVERSITY

**COMPLAINT FORM CP1**

|  |  |
| --- | --- |
| Name  (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |
| Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ***Current students only:-*** |  |
| School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |
| Matriculation number: | |
|  |  |
| **COMPLAINT DETAILS:** Please summarise the details of your complaint, give the date(s) of the occasion(s) giving rise to it and attach any evidence that you have to support your complaint: | |

|  |  |  |
| --- | --- | --- |
| Please give details of any matter under the Equality Act 2010 you may wish to raise e.g. disability, ethnicity or gender | | |
| **INFORMAL RESOLUTION:** Please give details of the steps you have taken so far to informally resolve your complaint and include the details of individuals contacted and the dates of any meeting(s) | | |
| **who else have you talked to about your complaint?** | | | |
| Name | Contact Details  (Telephone and email) | Details of their involvement | |
|  |  |  | |

|  |  |
| --- | --- |
| **RECOURSE and REDRESS:** Please give details of what, in your view, would be a suitable and satisfactory outcome for you as a result of submitting this complaint. *(Please note that completing this section does not guarantee that any suggestions or remedies sought made will be agreed and/or met by University):*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If a complaint hearing is held do you wish to bring a friend with you? Yes / No  If yes – please indicate who will accompany you and their capacity\* i.e. fellow student, member of staff, NSA staff:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \* a legal professional is not allowed | |
| By lodging my complaint I understand that:   * information may be gathered by members of staff in the University for the purposes of investigating and evaluating my complaint * my name and other relevant information about my complaint may be disclosed to others in the University where it is necessary to do so * the outcome of formal complaints will be recorded and anonymised for the purposes of monitoring and analysing complaints and for statistical reporting to the Academic Board for quality assurance purposes.   Where I have disclosed information above about a protected characteristic for the purposes of the Equality Act 2010 e.g. a disability, my ethnicity or gender, I hereby consent to this information being passed in confidence to other members of staff who require to be advised of it whilst my complaint is being investigated and dealt with. | |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please send completed forms and any accompanying documentation to: **Appeals, Complaints and Conduct Officer, Room D3, Merchiston Campus, Edinburgh EH10 5DT; telephone: 0131 455 2396.** | |