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| **OFFICE USE ONLY:**  **DATE RECEIVED** |

**COMPLAINTS PROCEDURE FOR STUDENTS**

**STUDENT COMPLAINT FORM**

**Cambridge Academy of Dental Implantology**

# LEVEL 1 – EARLY RESOLUTION AT LOCAL LEVEL

Please email completed forms to info@CAofDI.com

This form is to be completed under Level 1 – Early Resolution at Local Level. Advice on the Complaints procedure and completion of the Complaint form can be obtained from the NTSU Information and Advice Service: <http://www.trentstudents.org/ias>

# PLEASE TYPE OR COMPLETE IN BLOCK CAPITALS

This form MUST BE FULLY COMPLETED and submitted WITH SUPPORTING EVIDENCE. Failure to do so may result in a delay to your complaint.

**PERSONAL DETAILS**

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE TITLE AND YEAR OF STUDY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address for correspondence in connection with the complaint (in the case of a Group Complaint, please attach a list of complainants on a separate sheet of paper and include their full names, student IDs, course title(s) and year of study):

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Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Outline of complaint, including dates of actions (please use additional sheets if necessary): |

Which aspect of the Student Charter do you consider has not been fulfilled, and why?

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Please indicate, without prejudice, what outcome or further action you are expecting:

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**If you have written a formal letter of complaint to anyone else in the University or the Academy please indicate names and / or let us know whether you intend to copy this to anyone else.**

# Declaration

I declare that the information given in this form is true, and that I would be willing to answer further questions relating to it if necessary.

I consent to this information being made available in confidence to those appropriate to the progression and investigation of my complaint.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_