

**Student Complaints Form**

This form is for use at Stage 2 of the University’s Student Complaints Procedure. Before completing this form, please ensure that you have attempted to resolve your complaint informally with the appropriate Module Tutor or Course Team (for academic related complaints), or appropriate staff in the School or Professional Services Department (for non-academic complaints). **Completed and signed forms should be returned to:** **appealsandcomplaints@glos.ac.uk**

Student Complaint Forms must be received **no later than 3 months** after completion of the year of study in which the complaint arose, or within 3 months of the date of withdrawal, or beginning of an approved leave of absence from the programme of study.

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| **SECTION A: STUDENT DETAILS** |

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| **Forename(s):** |  |
| **Surname (Family Name):**  |  |
| **Student ID Number** *(e.g. s4100000):* |  |
| **Email Address[[1]](#footnote-1):** |  |
| **Course** *(e.g. BA History):* |  |
| **Partner Institution Name (if studying elsewhere)** *(e.g. IDM, Westford College etc):* |  |
| **Date of notification of this complaint:** |  |

**If a group complaint**, please provide the details of the group’s spokesperson in the above section. Please also ensure that a **Group Complaint Consent Form** is completed, signed by all members of group, and submitted alongside this Student Complaints Form. Please note that consent from all members of the group must be received by Governance and Legal prior to any investigation taking place into the matters raised.

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| **Students under Supportive Study Procedures (SSP):** |
| **If you are currently under Supportive Study Procedures (SSP),** and you wish for us to copy your SSP coordinator/mentor into correspondence sent to you regarding your complaint, for them to support you through the process, please provide us with the name of your SSP coordinator/mentor:  |
| **Students with disabilities or learning difficulties:** |
| If you have a disability and/or learning difficulty and you are registered with the University’s Disability, Support Team, are you happy for the team to be contacted to identify any reasonable adjustments that may be required? [ ]  Yes [ ]  No (If ‘no’ proceed to Section B) |
| If you are not registered with the University’s Disability Support Team, or you do not wish us to contact the team, please provide details below of the reasonable adjustments you feel should be made to the appeals process so that these can be considered: |
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| **SECTION B: DETAILS OF COMPLAINT** |

**Please outline clearly and concisely what you are complaining about and why:**

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**Please indicate the remedy you are seeking as a resolution to your complaint:**

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| **SECTION C: DETAILS OF INFORMAL DISCUSSIONS**  |

**Has this complaint been raised informally first with the appropriate Module / Course Team or School (academic related complaints), or Professional Services Department (non-academic complaint):**

**NO :** Prior to completing this form, please ensure that you have attempted to resolve your complaint informally with the appropriate Module or Course Team (for academic related complaints), or appropriate staff in the School or Professional Services Department (for non-academic complaints)

**YES :**  If ‘Yes’, with whom was it discussed? :

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| **Name of staff member and role title:** |  |
| **Name of institution *(if not the University of Gloucestershire):*** |  |
| **Date discussed:** |  |

**What was the outcome and why do you remain dissatisfied?:**

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| **SECTION D: STUDENT DECLARATION** |

**By signing this form, I would like the University to consider my complaint, and I declare that:**

* I have read and understood the University’s [Student Complaints Procedure](http://www.glos.ac.uk/governance/pages/appeals-and-complaints.aspx).
* that the University will need to gather information about the matters raised in my complaint and that this information may include sensitive personal details which will be processed in accordance with Data Protection legislation and the [Student Privacy Notice](http://www.glos.ac.uk/governance/information/pages/data-protection.aspx).
* that my complaint will be handled in confidence, but that in order to investigate the issues raised it may be necessary to disclose the content of my complaint to relevant staff. I also understand that any individuals against whom allegations have been made will have the right to be made aware of these allegations and any evidence against them.
* that the University may need to exchange information about my complaint with external organisations such as the Office of the Independent Adjudicator (OIA), or the University’s insurers.
* if I have disclosed personal data relating to another person/s within my complaint, I have been given permission by them to do so.
* what I have written on this form and any enclosures is truthful and relevant to my complaint.
* *Group complaints only:* I have been nominated by the group to act as spokesperson on their behalf and understand that it is my responsibility to represent the views of the group and to act as key contact in relation to the complaint, including communication relating to the complaint outcome and decision of the group. I attach a completed Group Complaint Consent Form signed by all group members acknowledging their approval for me to act on their behalf.

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| **Signed *(Your Signature)*** | **Date** |

*Updated: July 2025*

1. *Please note that unless you state otherwise we will send the written outcome letter, and any other written correspondence relating to your complaint, to you via email to the email address you provide on this form.* [↑](#footnote-ref-1)