

COMPLAINTS FORM

(Please tick which type of complaint you wish to make)

Informal Complaint

Formal Complaint



Personal Details

Name:

Address:
.....
.....

Tel. No(s):

Course Details:
(if applicable)

Details of Complaint (Please describe briefly your cause for complaint i.e. what is the reason for your complaint, when did it take place and who was involved?)

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(Please continue on reverse or a separate sheet)

Signature Date

Please return completed form to QUALITY ASSURANCE, York College, Sim Balk Lane, York YO23 2BB, marked PRIVATE AND CONFIDENTIAL. A Formal Complaint will normally receive an acknowledgment within three working days.