LONDON ESSEX COLLEGE
Great Place To Shape Your Future

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STUDENT COMPLAINT FORM (LEC/SCF)

We are sorry that you are less than satisfied with some aspects of your studies at our college. We kindly request you to take a few minutes to complete this form so that we can deal effectively with all areas of concern and resolve the issues as speedily as possible.

PLEASE SUBMIT YOUR COMPLETED FORM TO ONE OF OUR TEAM MEMBER. YOU WILL RECEIVE A WRITTEN REPLY WITHIN THE NEXT 5 WORKING DAYS.

Today's Date: _____
Name of Team Member who dealt with your complaint: _____
Your contact mobile number and landline numbers/e-mail address: _____
(If you do not know your I.D. No. please fill in your full name below)
Student Registration No. _____
(Please write your last name/family name/surname here.) _____
You First Name/Forenames: _____

PLEASE provide us with as much information as possible in the space provided below: (Please also sign the form at bottom footer of page)
Complaint about our: (please tick one of the boxes below)

Admin: ☐ **Lecturing:** ☐ **Facilities:** ☐ **Other:** ☐

Nature of complaint:

_____
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(If you need more space – please continue writing on the reverse of this page.)

Name of the Team Member/Trainer to which the complaint relates: _____

My Signature: …… Dated: ……

Thank you for taking the time to complete this form.

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