I am studying a course at: FE [ ] HE [ ]

I wish to make a:
Compliment [ ]
Concern [ ]
Comment [ ]

Who was involved?

What happened?

When did it happen?

What action have you already taken (If any)?

What result would you like from your feedback?

About you
Name .................................................................

Age ...............  
Student ID ............................................................
Course ..............................................................
Address .............................................................

Sign ......................... Date ..............................

If you are completing this form on behalf of someone else: Name ............................................................

Relationship ............................................................

The following information is optional and will be used for monitoring and reporting purposes only. Please circle
Ethnic Origin: .............................................................
Rather not say: [ ]
Religion or Belief: .............................................................
Rather not say: [ ]
Sexuality: .............................................................
Rather not say: [ ]
Gender: .............................................................
Rather not say: [ ]

Do you consider yourself to have a disability? Y/N

If you would like help completing this form please contact Student Journey
studentservices@cityplym.ac.uk

If you require this form in large print please contact talkback@cityplym.ac.uk
Data Protection

The information provided will be recorded and retained for College use in conjunction with any other relevant information provided at enrollment. The information will be used for the efficient administering of the complaint, and for analysis and improvement of the college's services. The information provided will be available to individuals involved in the investigation and administrators of the complaint, College Governors, The SLT, Estates and Legal Affairs, College Legal and Insurance advisers and any inspecting bodies. Further disclosure of information will only occur with the express consent of the complainant. The information will be retained for a maximum period of 7 years, after which it will be confidentially disposed of. The data controller is City College Plymouth.

If you wish to object to the processing of information described above please call 01752 305735

People who can help you:

- All Staff
- Subject Lecturer
- Personal Tutor
- Academy Managers
- Reception staff
- Student Representatives
- College mediator
- Students' Union
- Student Journey Team
- Learning Support Team

Talkback Team
City College
Plymouth Kings Road
Plymouth
PL15QG

Tel: 01752 305285
E-mail: talkback@cityplym.ac.uk