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**Complaint form for students**

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| Date: |
| Full Name of student(s): |
| Course, or exam session, taken: |
| Host name, residence, or own accommodation – if applicable? |
| Description of complaint - Why are you unhappy? |
| How can we help?  *Please now give your form to the school reception.* |
| Action taken by senior member of Staff recording incident: |
| Details of outcome: |
| Signed by member of staff recording incident:  Date: |
| Countersigned student:  Date: |