

Complaint No.	
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City of Portsmouth College, Cosham, Portsmouth, PO6 2SA
Telephone 023 9238 3131 Fax 023 9232 5551

COMPLAINT FORM

Name:

Address:

Telephone No:

Course Name:

Please give details of your complaint

Signed:

Date:

FOR OFFICE USE ONLY

Date received:

Acknowledged by:

Date:

Copy sent to:

Please return draft by:

Date draft response received:

Date of final response:

Please return this form to the Quality and Standards Office

To help us monitor equal opportunities, please tick the categories you feel describe you:

Ethnic Origin

Age

Bangladeshi	<input type="checkbox"/>	14-18	<input type="checkbox"/>
Indian	<input type="checkbox"/>	19-29	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	30-39	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	40-49	<input type="checkbox"/>
African	<input type="checkbox"/>	50-59	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	60+	<input type="checkbox"/>
Any other Black background	<input type="checkbox"/>		
Chinese	<input type="checkbox"/>		
Mixed - White and Asian	<input type="checkbox"/>		
Mixed - White and Black African	<input type="checkbox"/>		
Mixed - White and black Caribbean	<input type="checkbox"/>		
Mixed - Any other mixed	<input type="checkbox"/>		
White - British	<input type="checkbox"/>		
White - Irish	<input type="checkbox"/>		
White - any other White	<input type="checkbox"/>		
Any other	<input type="checkbox"/>		

Do you have any medical conditions, learning difficulties (including mental health problems, physical disabilities) or learning disabilities?

Yes

No