

## Formal Complaint Recording Form

Please complete all sections of this form in order for your complaint to be dealt with effectively

### 1. Complainants Details

Title (Please tick)						Gender (Please tick)		
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Male	<input type="checkbox"/>	<input type="checkbox"/> Female
First Name				Last Name				
Full Address (Including Postcode)								
Contact Number/s								
Student ID Number (if applicable)				Date of Birth (dd/mm/yyyy)				

Grantham College is committed to ensuring equality of opportunity. As part of this commitment we collect data to monitor how we are progressing against our Equality and Diversity Action Plan. The information you provide will help us monitor our services across the College and put in place actions to address any issues. The information provided on this form will not be attributed to an individual. College reports will be used solely for the purposes of the College's monitoring processes.

How would you describe your ethnic origin or personal identity? (Please tick)

Asian or British Ethnic Origin			Mixed Ethnic Origin		
11	Bangladeshi	<input type="checkbox"/>	19	White and Asian	<input type="checkbox"/>
12	Indian	<input type="checkbox"/>	20	White and Black African	<input type="checkbox"/>
13	Pakistani	<input type="checkbox"/>	21	White and Black Caribbean	<input type="checkbox"/>
14	Other Asian background	<input type="checkbox"/>	22	Any other mixed background	<input type="checkbox"/>
Black or Black British			Chinese and Other Groups		
15	Black African	<input type="checkbox"/>	18	Chinese	<input type="checkbox"/>
16	Black Caribbean	<input type="checkbox"/>	98	Any other background not included	<input type="checkbox"/>
17	Any other Black background	<input type="checkbox"/>			<input type="checkbox"/>
White					<input type="checkbox"/>
23	White British	<input type="checkbox"/>			<input type="checkbox"/>
24	White Irish	<input type="checkbox"/>			<input type="checkbox"/>
25	Other White background	<input type="checkbox"/>			<input type="checkbox"/>

Do you consider yourself to have a learning difficulty / disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Course Name (if applicable)			
Course Leader (if applicable)			
Your status (Please tick)			
<input type="checkbox"/> Learner	<input type="checkbox"/>	<input type="checkbox"/> Employer	<input type="checkbox"/> Employee
<input type="checkbox"/> Parent / Guardian	<input type="checkbox"/>	<input type="checkbox"/> Organisation	<input type="checkbox"/> Member of the public

**2. Outline details of the complaint, including dates**

**3. Please explain here what steps you have taken, together with dates, to resolve your complaint using the Informal Procedure.**

**If you feel unable to use the Informal Procedure, please set out your reasons here:**

**4. This section to be completed by member of staff receiving the complaint**

**The complaint was made (please tick)**

<b>In person</b>	<input type="checkbox"/>	<b>By telephone</b>	<input type="checkbox"/>	<b>Complaint form</b>	<input type="checkbox"/>	<b>Letter</b>	<input type="checkbox"/>	<b>Email</b>	<input type="checkbox"/>
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**Signed** \_\_\_\_\_ **Print name** \_\_\_\_\_  
**Date** \_\_\_\_\_ **Department** \_\_\_\_\_

Please forward this form to the **Deputy Principal**, Grantham College together with copies of any letters or other relevant papers.