

Feedback Form

city college

brighton and hove

Please return to: The Quality Team, City College Brighton and Hove, Pelham Street, Brighton BN1 4FA

Please select one of the following options:

- This is informal feedback and does not require a written response.
 This is formal feedback. Please investigate my concerns and send me a formal written response.

Your Details: (PLEASE USE BLOCK CAPITALS)

MR/MRS/MISS/MS (PLEASE CIRCLE)	PERSON CODE:
FIRST NAMES:	LAST NAME:
CAMPUS:	DATE:
COURSE (if applicable):	
ADDRESS:	
	POSTCODE:
EMAIL:	DATE OF BIRTH:
CONTACT NUMBER:	
<input type="checkbox"/> If you are complaining on behalf of somebody else, please tick the box and give their name below.	

ARE YOU: (PLEASE TICK)	A STUDENT <input type="checkbox"/>	A PARENT OR GUARDIAN <input type="checkbox"/>
AN EMPLOYER <input type="checkbox"/>	GENERAL PUBLIC <input type="checkbox"/>	

Please write in the space below: (continue overleaf if necessary)

FOR OFFICE USE

Date Received:	Investigating Manager (IM):	Date sent to IM:
Acknowledgement letter sent:		Date response to complaint due:

Continuation: