

Feedback Form

city college

brighton and hove

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

Your Details: (PLEASE USE BLOCK CAPITALS)

MR/MRS/MISS/MS (PLEASE CIRCLE)	PERSON CODE: (if applicable)
FIRST NAMES:	LAST NAME:
DATE OF BIRTH:	
COURSE (if applicable):	
ADDRESS:	
	POSTCODE:
CONTACT NUMBER:	EMAIL:
SIGNATURE:	DATE:

If you are completing this form on behalf of somebody else, please tick the box and give their name below.

A signature is required from both the complainant and the person completing the form. The signature will be taken as permission to release details relating to the investigation to all parties included on this form.

NAME:	
SIGNATURE:	DATE:

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

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

Continuation: