

Cardiff Metropolitan University - Complaint Form

Your Details		
Student <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Service Provider <input type="checkbox"/> Other (please state) _____		
Name:	Date:	
Address:		
Tel No.:	email:	
Nature of complaint (Please continue overleaf if necessary):		
Type:		
Service Standard <input type="checkbox"/> Premises <input type="checkbox"/> Facilities <input type="checkbox"/> Other (please state) _____		
Details:		
Please state actions taken to resolve informally, before making complaint (including dates):		
Outcome Sought (it is important that you complete this section as failure to do so may result in a delay in dealing with your complaint)		
Welsh Language		
Cardiff Metropolitan University is committed to the Welsh language Act 1993 and has adopted the principle of treating English and Welsh on an equal basis. A Welsh version of this form is available and responses will be in the language of the form submitted unless requested otherwise. To this end could you please signify below if you would like, where possible, future correspondence and information:		
Bilingually <input type="checkbox"/>	in English <input type="checkbox"/>	in Welsh <input type="checkbox"/>
Received by:	Date:	
Acknowledged by:	Date:	
Passed for investigation by:	Date:	
Please return completed form to:		
Complaints Officer, Cardiff Metropolitan University, 200 Western Avenue, Cardiff CF5 2YB		