

# Student Complaints Scheme Scheme Application Form



**PLEASE CONTACT US FOR ASSISTANCE IF:**

- YOU NEED THIS FORM IN A LANGUAGE OTHER THAN ENGLISH
- YOU WISH TO RECEIVE THIS FORM IN A DIFFERENT FORMAT
- YOU HAVE ANY OTHER SPECIAL NEEDS

**OUR REFERENCE:**

**WE SUGGEST YOU READ THE GUIDE TO THE SCHEME BEFORE YOU COMPLETE THIS FORM**

## YOUR DETAILS

FAMILY NAME		TITLE
GIVEN NAME		
OCCUPATION		
NATIONALITY		
DATE OF BIRTH		
ADDRESS FOR CORRESPONDENCE (INCLUDE POSTCODE)		
DAYTIME PHONE		FAX
E-MAIL ADDRESS		

## WHICH HIGHER EDUCATION INSTITUTION ARE YOU COMPLAINING ABOUT?

NAME OF UNIVERSITY/ COLLEGE	
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**RELATIONSHIP WITH THE INSTITUTION**

NAME OF COURSE YOU ARE/WERE REGISTERED ON

NAME OF UNIVERSITY/COLLEGE YOU ARE/WERE REGISTERED WITH (if not the institution you are complaining about)

TYPE OF COURSE i.e. undergraduate, postgraduate, short course, etc.

IS THE COURSE A PART-TIME COURSE? (Please tick box)

YES	NO
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WHEN WERE YOU REGISTERED ON THE COURSE YOU ARE COMPLAINING ABOUT?

	DAY	MONTH	YEAR
FROM	<input type="text"/>	<input type="text"/>	<input type="text"/>
TO	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOW ARE YOU CATEGORISED BY YOUR UNIVERSITY/COLLEGE? (Please tick box)

HOME STUDENT	<input type="checkbox"/>
EU STUDENT	<input type="checkbox"/>
NON-EU STUDENT	<input type="checkbox"/>

WHAT ARE THE ANNUAL FEES FOR THIS COURSE?

£

ARE YOU RECEIVING ANY ASSISTANCE TOWARDS THE PAYMENT OF THESE FEES? (Please tick box)

YES	NO
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**WHAT IS THE DATE OF THE COMPLETION OF PROCEDURES LETTER ISSUED BY THE UNIVERSITY/COLLEGE?**

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

**IF YOU DO NOT HAVE A COMPLETION OF PROCEDURES LETTER PLEASE SAY WHY**

**IF YOU WANT SOMEBODY ELSE TO REPRESENT YOU REGARDING YOUR COMPLAINT TO THE OIA TELL US HERE SO WE CAN COMMUNICATE WITH THAT PERSON**

*(There is no need to appoint a representative or solicitor to deal with your complaint. If you do appoint a representative you must be sure that he/she knows about your complaint and is able to devote sufficient time to it. If we deal with your representative then we will not be able to communicate with you as well).*

NAME AND TITLE	<input type="text"/>	
ADDRESS FOR CORRESPONDENCE (INCLUDE POSTCODE)	<input type="text"/>	
PHONE NUMBER	<input type="text"/>	FAX <input type="text"/>
E-MAIL ADDRESS	<input type="text"/>	

## **YOUR COMPLAINT**

**PLEASE SET OUT BELOW THE KEY POINTS OF YOUR COMPLAINT**

You must state clearly and concisely:-

1. What you think the university/college has done wrong.
2. Why the final decision of the university/college is unsatisfactory to you.
3. How you have been affected by the university/college's decision.

***N.B. Your complaint must be summarised here even if you attach other documents***

## WHAT WOULD YOU LIKE DONE ABOUT YOUR COMPLAINT?

## AUTHORITY FOR THE OFFICE OF THE INDEPENDENT ADJUDICATOR TO INVESTIGATE YOUR COMPLAINT

I WOULD LIKE THE OFFICE OF THE INDEPENDENT ADJUDICATOR FOR HIGHER EDUCATION TO CONSIDER MY COMPLAINT. I UNDERSTAND THAT:

- You will need to decide whether my complaint is eligible under the Rules.
- You will send a copy of this form and my complaint details to my university/college.
- You will need to handle personal details about me, which could include sensitive information (for example, relating to health matters), in order to deal with my complaint effectively.
- You may need to exchange information about my complaint with the university/college and with other persons and organisations (for example, to find out important facts relating to my complaint).
- You may publish examples of where things can go wrong, based on real cases, but you will always respect my privacy and keep my personal information confidential save as necessary to deal with any complaint set out above.
- The scheme is informal. You generally review disputes by correspondence and do not usually require people to attend hearings in person.
- You may record telephone conversations between us for training and service quality reasons.
- I must inform you immediately if any part of my complaint is being dealt with in the courts or by another body.

**SIGN HERE ...** *Even if you have appointed someone else to complain to us on your behalf.*

**I agree to the above and confirm that I believe the facts stated in this application are true**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### DOCUMENTS WHICH YOU NEED TO SEND WITH THIS FORM

- Copy of the Completion of Procedures Letter issued by the university/college
- Copies of all relevant letters, notes and other supporting documents
- List of the relevant rules and regulations of the university/college
- List of the key events in date order
- Completed Monitoring Questionnaire (optional)

**PLEASE RETURN THE COMPLETED FORM TOGETHER WITH SUPPORTING DOCUMENTATION TO:**

**OIA, Third Floor, Kings Reach, 38-50 Kings Road, Reading RG1 3AA**  
**Telephone: 0118 959 9813 Email: [enquiries@oiahe.org.uk](mailto:enquiries@oiahe.org.uk) Website: [www.oiahe.org.uk](http://www.oiahe.org.uk)**

**PLEASE KEEP A COPY OF THIS FORM AND THE DOCUMENTS YOU SEND. YOU MAY NOT GET THE ORIGINAL DOCUMENTS BACK.**

**SHOULD WE WISH TO DO SO MAY WE COMMUNICATE WITH YOU BY EMAIL?**

- No  Yes