

Complaint Form

Lakes College is committed to providing high quality care, services and meeting your needs. We value your feedback, including complaints. Please let us know where we can improve our services. Indicate your response below with an X

This is a:	complaint			
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Section 1: Your details:

Personal details

First name:	
Last name:	
Postal address:	
Telephone number:	
Mobile number:	
Email address:	

Do you require an interpreter?	yes		no	
If yes , which language?				

Section 2: Please state your concerns

Please provide details of your main concerns, including what events led to making the complaint or feedback, approximate dates and who was involved.

Section 3: Feedback made on another person's behalf

Are you providing feedback on another person's behalf?	yes		no	
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Please provide the following details about the person on whose behalf you are acting:	
First name:	
Last name:	
Postal address:	
Telephone number:	
Mobile number:	
Email address:	

Please provide details of your relationship to the person on whose behalf you are acting:

Are you a legal representative for the person who received the service? (e.g. parent of a child under 18 years or guardian).	yes		no	
If yes , please provide details:				

Does the person know you are making a complaint on their behalf?	yes		no	
If no , please provide the reason why:				

Are we able to speak with the person who received the service?	yes		no	
If no , please provide the reason why:				

Section 4: Privacy

Lakes College is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for the purpose of investigating and responding.

Lakes College will only use your information in accordance with relevant privacy and other laws. In order for us to provide services to you effectively and efficiently, we may need to share your personal information with others, such as Directors, Senior Managers and Curriculum Operation Leaders that deal with the matters identified in your feedback.

If you wish to contact Lakes College who are responsible for managing the personal information that you provide on this form, please call 01946 552665

Section 5: Declaration

Please sign and date to declare that the information provided is true and correct.

Signature:		Date:	
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