**STUDENT’S COMPLAINT REGARDING THE QUALITY OF**

**THE LEARNING EXPERIENCE ON PRACTICE OR WORK PLACEMEN**T

School of Health and Social Work

***This form can be completed electronically. Click in the shaded areas and type; the boxes expand to accommodate your text.***

**DETAILS OF THE COMPLAINT**

*A copy of this page must accompany any subsequent record of local or formal complaint meetings.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Complainant’s Name** |  | | |
| **Profession** |  | **Level of study** |  |
| **Placement/Work site** |  | | |
| **Name of staff who**  **received the complaint** |  | **Date received** |  |
| **Method of raising concern** |  | | |
| **Nature of complaint**  *(A copy of written complaints must be appended)* |  | | |

**STAGE 1 - LOCAL COMPLAINT**

***Section 1A Record of the meeting about a complaint managed at a local level***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of meeting**  **to discuss complaint** |  | | |
| **Personnel involved in meeting to discuss complaint** |  | | |
| **Brief details of discussion of the meeting** |  | | |
| **Action plan and recommendations** |  | | |
| **Complaint to be managed at local level** | | **Date for review** |  |
| **Progress to formal stage** | | | |
| **Date of distribution\*** |  | | |

*\* Within ten working days of the meeting to discuss the complaint, a copy of this record must be sent to all those present at the meeting, the School Complaints Co‑ordinator and the programme tutor, and a copy placed in the student’s file.*

***Section 1B Record of the review meeting for a complaint managed at a local level***

|  |  |  |
| --- | --- | --- |
| **Date of review meeting** |  | |
| **Personnel involved in review meeting** |  | |
| **Outcome of review meeting** |  | |
| **Action plan or recommendations arising from complaint**  Achieved Partially achieved Not achieved | |
| **Future plans** |  | |
| **Date of distribution\*** |  | |

*\* Within ten working days of the meeting to review the complaint, a copy of this record must be sent to all those present at the meeting, the School Complaints Co‑ordinator and the programme tutor, and a copy placed in the student’s file.*

**STAGE 2 - FORMAL PROCEDURE**

***Section 2A Record of the meeting about a formal complaint***

|  |  |
| --- | --- |
| **Name of investigator** |  |
| **Personnel involved in investigation** |  |
| **Summary of investigation** |  |
| **Action plan**  *Identify how actions will be implemented and appropriate timescales* |  |
| **Date of review meeting** |  |
| **Outcome of follow up meeting with complainant** |  |
| **Date of distribution\*** |  |

*\* Within ten working days of the meeting to discuss the formal complaint, a copy of this record must be sent to all those present at the meeting, the School Complaints Co‑ordinator and the programme tutor, and a copy placed in the student’s file.*

***Section 2B Record of the review meeting about a formal complaint***

|  |  |
| --- | --- |
| **Date of review meeting** |  |
| **Personnel involved in review meeting** |  |
| **Outcome of review meeting** |  |
| **Action plan or recommendations arising from complaint**  Achieved Partially achieved Not achieved | |
| **Future plans** |  |
| **Date of distribution\*** |  |

*\* Within ten working days of the meeting to review the formal complaint, a copy of this record must be sent to all those present at the meeting, the School Complaints Co‑ordinator and the programme tutor, and a copy placed in the student’s file.*