

<b>CONCERN FORM</b>
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For your complaint to be investigated you must include your full name  
**(The college is not able to investigate anonymous or malicious concerns)**

<b>PART A</b>	
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Full Name of person raising concern:	
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Contact details (Telephone number):	
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If a current student state Tutor Group:	
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Student name (If different to name given above):	
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<b>PART B</b>
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<b>AREA OF CONCERN (e.g. Transport, Facilities, Toilets, Catering)</b>
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***For Office Use Only:***

Date Concern Received:	
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Name of person receiving concern:	
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Name of person to investigate concern:	
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**For Completion by Investigating Officer:**

**PART C  
CONCERN UPHeld**  
(Please tick)

**Yes**

**No** (If no reason e.g. lack of evidence to substantiate complaint)

**PART D  
FEEDBACK GIVEN ON OUTCOME OR RESOLUTION (If deemed appropriate)**

Signed:

Date: