Online Student Formal Complaint Form

This form is designed for use with the [Online Students Complaint Procedure](https://online.liverpool.ac.uk/uploads/sites/8/2024/12/Online-Student-Complaint-Procedure-Liverpool-KOL.pdf).

Please ensure that you have read and understood the procedure before completing this form. You are expected to attempt to resolve matters that you are concerned about through the Early Resolution Stage before submitting a formal complaint. An informal approach should be made to the person concerned. If you are unable to resolve the matter through the Early Resolution Stage, or you are dissatisfied with the response you receive from the person with whom who have raised your concerns, you should submit your complaint on this form to [appealsandcomplaints@study-online.liverpool.ac.uk](mailto:tappealsandcomplaints@study-online.liverpool.ac.uk)

|  |  |
| --- | --- |
| Your Contact Information | |
| First name |  |
| Family name |  |
| Student ID Number |  |
| Contact Telephone Number |  |
| Email address (this should be your University email address unless this is not currently active) |  |

If you have supplied contact information which is different to the information currently held by theUniversity, please update your student record as soon as possible by contacting your Student Support Team.

You should also complete the Equality Monitoring Form which is appended to this form. This information will be used to help us ensure that we are meeting our commitment to address discrimination and promote equality of opportunity. It will be processed anonymously by the University’s Diversity and Equality Team and will not be used in the consideration of your complaint.

|  |  |  |
| --- | --- | --- |
| Are you submitting a complaint: | | |
| **Yourself** | Yes/No |  |
| **On behalf of a group** | Yes/No | Please confirm if you are acting as the main point of contact for the group. [***You should also provide contact details for all members of the group****].* |
| **On behalf of an individual student** | Yes/No | **If yes, then the student concerned must sign this box**:  *Student’s Signature* |

|  |
| --- |
| What is the nature of your complaint? |
| Please set out clearly and concisely what you are complaining about and why. |
|  |
| **What steps have you taken to resolve your complaint under the Early Resolution stage?** |
| Please provide the names of people with whom you have already discussed your complaint and explain why you are dissatisfied with their response. |
|  |

|  |
| --- |
| Supporting Evidence |
| Please list below each piece of documentary evidence you are submitting in relation to your complaint. |
|  |

|  |
| --- |
| What remedy are you seeking? |
| Please explain briefly what you might consider to be a satisfactory resolution to your complaint. |
|  |

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| --- |
| DECLARATION |
| I have read and understood the University of Liverpool Student Complaints Policy and Procedure and the Online Student Complaint Procedure. |
| I understand that the University of Liverpool and Kaplan Open Learning collects and processes the information I have provided with this form for the purposes of considering student complaints. |
| All information and documentation provided in and with this form is complete and represents an accurate and true reflection of the situation that led to my complaint. |
| I understand that the Universityof Liverpool and Kaplan Open Learning will need to handle personal details about me which may include sensitive information (for example, relating to my health) in order to deal with my complaint effectively but such information will only be shared, in confidence, where it is necessary and reasonable to do so. |
| I agree that my complaint may be disclosed to relevant members of the Universityof Liverpool and Kaplan Open Learning to the extent necessary for any investigation. |
| I authorise the investigating officer to consider this form and any relevant information held by the University of Liverpool and Kaplan Open Learning to the extent necessary for the consideration of my complaint. |
| I have attached all previous correspondence and responses relating to my complaint. |

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

When you have completed this form, please return it to [appealsandcomplaints@study-online.liverpool.ac.uk](mailto:appealsandcomplaints@study-online.liverpool.ac.uk)

**Equality Monitoring Form**

**Student Complaints Procedure**

Dear Student

We would like to ask you to help us out by filling in this anonymous equalities monitoring form. The information on this form will be used to help us ensure we are meeting our commitment to address discrimination and promote equality of opportunity. It will not be used to identify an individual. The reference number links only to an anonymous record of any departmental complaints. If you have any questions or concerns about providing this information please contact the Diversity & Equality team on 0151 7954376. Many thanks.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | **My Gender is** | Male |  | Female |  | Other |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2. | **My age range** | 16-17 | 18-21 | 22-25 | 26-35 | 36-45 | 46-55 | 56-65 | 66+ |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3 | **Is your Gender Identity the same as the gender you were originally assigned at birth?** | Yes |  | No |  |

4 **Please indicate your disability status**: the Equality Act (2010) defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. Please mark box below - X

|  |  |  |  |
| --- | --- | --- | --- |
| No known disability |  | Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches) |  |
| Specific learning disability (such as dyslexia or dyspraxia) |  | Deaf or serious hearing impairment |  |
| General learning disability (such as Down's syndrome) |  | Blind or serious visual impairment |  |
| Cognitive impairment (such as autistic spectrum disorder or resulting from head injury) |  | Other type of disability |  |
| Long-standing illness or health condition (such as cancer, HIV, diabetes, or epilepsy) |  | Prefer not to say |  |
| Mental health condition (such as depression or schizophrenia) |  |  | |

5 **What is your Nationality?**

|  |  |
| --- | --- |
| United Kingdom of Great Britain |  |
| European Union |  |
| Other Nationality |  |

6 **What is your Ethnic Origin** *(please mark one box only – X)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White** |  | **Black/African/Caribbean/British** |  | **Other ethnic group** |  |
|  |  |  |  |  |  |
| English, Welsh, Scottish, British |  | Black or Black British - Caribbean |  | Arab |  |
| Irish |  | Black or Black British - African |  | Other Ethnic background |  |
| Gypsy or Traveller |  | Other Black background |  | Information refused |  |
| Any other white background |  |  |  |  |  |
|  |  |  |  |  |  |
| **Asian/Asian British** |  | **Mixed / Multiple ethnic group** |  |  |  |
|  |  |  |  |  |  |
| Asian or Asian British - Indian |  | Mixed - White and Black Caribbean |  |  |  |
| Asian or Asian British - Pakistani |  | Mixed - White and Black African |  |  |  |
| Asian or Asian British - Bangladeshi |  | Mixed - White and Asian |  |  |  |
| Chinese |  | Other Mixed background |  |  |  |
| Other Asian background |  |  |  |  |  |

**7 What is your Religious Belief?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No religion or belief |  |  | Muslim |  |
| Christian |  |  | Sikh |  |
| Buddhist |  |  | Any other religion or belief |  |
| Hindu |  |  | Prefer not to say |  |
| Jewish |  |  |  |  |

8 **What is your Sexual Orientation?** Sexual Orientation means who you are emotionally attracted to.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Straight / Heterosexual |  |  | Gay Man |  |
| Gay Women / Lesbian |  |  | Bisexual |  |
| Other |  |  | Prefer not to say |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 9. | **Do you have any dependants?**  (dependent children or adults who you are the primary carer for) | Yes |  | No |  |

**For Departmental Administrator:**

Please provide reference number linking to complaints monitoring record: …………………....

Please retain within departments until complaints monitoring forms are requested.