Request for Complaint Review

1. Student details (to be completed by or on behalf of the person requesting the review).

Family name/Surname: _____

Forename(s): _____

Term-time address or address to which you wish replies to be sent: _____

_____

_____

Programme: _____ Level: _____

Telephone No. _____ Student Registration No: _____

Email: _____

2. Reasons for Request for Review:

Please give the reasons why you are requesting a review.

Please list all issues from your complaint form and indicate any which are resolved (please write resolved in column 2), then indicate any which remain unresolved and why you are dissatisfied.

Issue from complaint form	If you remain dissatisfied state why	Desired outcome

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3. Please give any further details:

4. Equal opportunities

Do you consider yourself disabled in any way? Yes ☐ No ☐ Male ☐ Female ☐

Please tick the ethnic group which you feel describes your ethnic origin:

☐ White ☐ Black: Other ☐ Asian: Bangladeshi Other ☐

☐ Black: Caribbean ☐ Asian: Indian ☐ Asian: Chinese

☐ Black: African ☐ Asian: Pakistani ☐ Asian: Other

Signature: _____ Date: _____

Please return your completed form to:

University of Sunderland,
Student Casework Team
Level 1, The Gateway
City Campus,
Chester Road,
Sunderland,
SR1 3SD.

studentcasework@sunderland.ac.uk

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