

COMPLAINTS PROCEDURE FOR STUDENTS STUDENT COMPLAINT FORM

Cambridge Academy of Dental Implantology

OFFICE USE ONLY: DATE RECEIVED	

LEVEL 3 - COMPLAINT REVIEW STAGE

This form is to be completed under Level 3 – Complaint Review Stage and should be sent to the Academy Director or nominee by email to Stuart.Ellis@caofdi.com. Advice on the Complaints procedure and completion of the Complaint form can be obtained from info@caofdi.com

PLEASE TYPE OR COMPLETE IN BLOCK CAPITALS

Telephone number:

This form MUST BE FULLY COMPLETED and submitted WITH SUPPORTING EVIDENCE. Failure to do so may result in a delay to your complaint.

PERSONAL DETAILS	
FULL NAME:	STUDENT ID:
COURSE TITLE AND YEAR OF STUDY:	
Address for correspondence in connection with the attach a list of complainants on a separate sheet of course title(s) and year of study):	
Email:	

LEVEL 3 – GROUNDS FOR SUBMITTING A REVIEW

The only permissible grounds for a Complaint Review are:

a.	That there was a procedural irregularity in the consideration of the complaint which h affected the outcome;	as materially
	That you have new material evidence which could not have previously been made avail id reasons;	lable, for
c. 1	That the Level 2 outcome was unreasonable (with reasons why you believe this to be t	he case).
	ase state which of the above grounds you are submitting a review and explain why yo satisfied with the response you have received following the Level 2 outcome:	u are

As part of the investigation of your complaint, a different member of the Board of Examiners team will review your Level 3 complaint.
Please indicate, without prejudice, what outcome or further action you are expecting:
If you have written a formal letter of complaint to anyone else in the Academy please indicate names and / or let us know whether you intend to copy this to anyone else.
indicate names and / or let us know whether you intend to copy this to anyone else. Declaration I declare that the information given in this form is true, and that I would be willing to answer further
 indicate names and / or let us know whether you intend to copy this to anyone else. Declaration I declare that the information given in this form is true, and that I would be willing to answer further questions relating to it if necessary. I consent to this information being made available in confidence to those appropriate to the
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