

COMPLAINTS PROCEDURE FOR STUDENTS	OFFICE USE ONLY: DATE RECEIVED
STUDENT COMPLAINT FORM	
Cambridge Academy of Dental Implantology	
LEVEL 2 – FORMAL STAGE	
This form is to be completed under Level 2 – Formal Stage and email to Stuart.Ellis@caofdi.com. Advice on the Complaints proform can be obtained from info@caofdi.com	
PLEASE TYPE OR COMPLETE IN BLOCK CAPITALS	
This form MUST BE FULLY COMPLETED and submitted WITH may result in a delay to your complaint.	SUPPORTING EVIDENCE. Failure to do so
To assist the investigation, please attach a copy of you	ır Level 1 Complaint Form and a copy
of the written outcome received	
PERSONAL DETAILS	
FULL NAME: STU	JDENT ID:
COURSE TITLE AND YEAR OF STUDY:	

course title(s) and year of study):
<del></del>
<del></del>
Email:
Telephone number:

## **Level 1 – Local Level details** Date received Level 1 written outcome: Course that the complaint relates to: Name of the person who responded to your complaint: Outline of complaint, including dates of actions (please use additional sheets if necessary): Which aspect of the Student Charter do you consider has not been fulfilled, and why?

Please explain why you are unsatisfied with the response you have received from the Academy at Level 1 of the Student Complaints Procedure:
As part of the investigation of your complaint, any member of staff mentioned will be made aware of the complaint, as will the Academy and Course Director(s)
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.
Declaration
I declare that the information given in this form is true, and that I would be willing to answer furthe questions relating to it if necessary.
I consent to this information being made available in confidence to those appropriate to the progression and investigation of my complaint.
Signed:
Date: