



**Form C1**

**Staffordshire University Complaints Procedure**

Name \_\_\_\_\_

Student Number \_\_\_\_\_

Contact Address \_\_\_\_\_

Telephone Number (if any) \_\_\_\_\_

E-Mail Address (if any) \_\_\_\_\_

Date \_\_\_\_\_

**Remedy being sought (it is very important that this section is completed as failure to do so may result in a delay in dealing with the complaint) Please refer to Point 2 before completing this section**

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**Nature of Complaint (please continue overleaf if necessary)**

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