**BSU COMPLAINT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Complainants Name** |  | | |
| **Student Number (if applicable)** |  | | |
| **Contact Number** |  | | |
| **Contact Email** |  | | |
| **Please explain the complaint, giving details of times, dates, locations, people involved including names of any witnesses to the event so that they can be questioned.**  (continue on a separate sheet if required) | | | |
| **What steps (if any) have you taken to resolve this/these issue(s)** | | | |
| **What outcome are you seeking?** | | | |
| **Signed** | | | **Date** |
| *Office Use Only : Date received by BSU* | |  | |

Return this completed form and any available evidence to support your complaint to :

**Chief Executive, Brighton Students’ Union, Watts House, Lewes Road, Brighton BN2 4GJ**

Your complaint will be acknowledged within 5 working days of receipt.

**Need Support?** Please contact the BSU Student Support Team who can support you with completing this form.