

# Complaint Form



<b>Complainant Details</b>			
<i>For West Highland College UHI to acknowledge and inform complainant of investigation and decision.</i>			
Date:			
Complainant type: (e.g. student/ stakeholder/ member of public)			
Full Name:			
Student ID Number: <i>(if applicable)</i>			
Course Studied: <i>(if applicable)</i>		FE	
		HE	
	Mark 'X' in this column.		
Contact Details	Email Address:		
	Phone No:		
	Address: <i>(if required)</i>		
Equality, Diversity, and Inclusion	Age Band	Under 16	
		16-17	
		18-19	
		20-24	
		25 and over	
		Prefer not to say	
	Gender	Male including Trans Man	
		Female including Trans Woman	
		In another way	
		Prefer not to say	
	Ethnicity	Input in column on right:	
		Prefer not to say	
	Disability	No disability	
		I have a disability, impairment of medical condition	
		I have a specific learning disability such as dyslexia	
		I have a physical impairment of mobility issue	
		Prefer not to say	
	Care Experienced	Yes	
		No	
		Prefer not to say	
	Caring Responsibilities	Yes	
No			
Prefer not to say			

