

Student Health Department University College Cork Formal Complaint Form

- *This Formal Complaint Form and related correspondence will be kept separate from your clinical medical record and shall not form any part of your clinical record.*
- *Please read and complete all 5 sections in full.*
- *Please ensure you have read the separate Student Health Department Complaint Policy and Procedure before submitting this form.*
- *If you give contact details such as a telephone number or email address, it will be assumed that it is appropriate to communicate with you and/or your representative using that medium.*

Section 1 Your Details:

Personal details of complainant (person making the complaint):

Name:

Address:

Telephone number:

Mobile number:

Email address:

Student Number:

If a representative has been appointed, please provide the details of the representative.

Name:

Address:

Telephone number:

Mobile number:

Email address:

For Use by Student Health Department only:

*Date **Formal Complaint Form** Received:*

*Date **Acknowledgement of Receipt of Complaint Letter** Posted:*

*Date **Response to Complaint Letter** Posted:*

Section 2: Details of your complaint

Please set out below the substance (main points) of your complaint.

Section 3: Outcome you wish following complaint

Please state the outcome you wish following consideration of the complaint.

Section 4: Details of correspondence and other material about your complaint

Where available please provide the following:

- (a) A list in date order on a separate sheet detailing: letters, emails, phone calls and meetings that you believe are relevant to your complaint.
- (b) Copies of any relevant correspondence and other documentation.

Section 5: Confirmation by complainant

Please sign below.
I confirm that:

- (a) I understand that details of the complaint may be provided to individuals other than the recipient of this form. Disclosure will be on a strictly 'need to know' basis where it is deemed necessary by the investigator.
- (b) I have read and understand the Student Health Department Complaint Policy.
- (c) This form contains an accurate description of events as I recall them.

Signed:

Date:

Please submit the fully completed form with all relevant documentation in a sealed envelope marked "Confidential and Urgent" to the appropriate person (Head of Student Health Department **or** Head of Student Experience) at the following address:

Head of Student Health Department
Ardpatrick
College Road
Cork

Head of Student Experience
North Wing Stone Corridor
Main Quadrangle
University College Cork