[[



Compliments, Complaints, Comments and Concerns

Please complete this form and EMAIL to [Complaints@liv-coll.ac.uk](mailto:Complaints@liv-coll.ac.uk)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Compliment | |  | Complaint |  | Comment | |  | | Concern | |  |
| Name: | | | | | | Date: | | | | | |
| Student person code *(if applicable)*  If you are not a student, what is your link to the college? *(e.g. parent, carer, employer)* | | | | | |  | | | | | |
| Our process is to communicate with you via email, however if this is not convenient then we will require a contact number and postal address | | | | | | | | | | | |
| Email address |  | | | | | Tel No. | |  | | | |
| Contact Address *(if required)* | | | | | | | | | | | |
| Would you like support from a member of the Student Union? | | | | | | | | Yes | | No | |

***Please provide details below:***

|  |
| --- |
|  |

For monitoring purposes please complete the following information:

**Ethnicity:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **English** | | | | | | | | | | | | | | | | | | |
|  | English/Welsh/Scottish/Northern Irish/British | | | | | | |  | Irish | | | |  | Gypsy or Traveller | | |  | Any other white background |
| **Mixed/Multiple ethnic group** | | | | | | | | | | | | | | | | | | |
|  | White and Black Caribbean | | |  | | White and black African | | | |  | | White and Asian | | |  | Any other white mixed/multiple ethnic background | | |
| **Asian/Asian British** | | | | | | | | | | | | | | | | | | |
|  | Indian |  | Pakistani | |  | | Bangladeshi | | | |  | Chinese | | | | |  | Any other Asian background |
| **Black/African/Caribbean/Black British** | | | | | | | | | | | | | | | | | | |
|  | African | | | |  | | Caribbean | | | |  | Any other Black/African/Caribbean background | | | | | | |
| **Other** | | | | | | | | | | | | | | | | | | |
|  | Arab | | | |  | | Any other ethnic group | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gender: (please circle) | **Male** | **Female** | **Non Binary** |  |
| Are you the gender you were assigned at birth? | **Yes** |  | **No** |  |
| Do you consider yourself to have a learning difficulty and/or disability? | **Yes** |  | **No** |  |

If you have answered Yes, please tick relevant box below

**Disability**

|  |  |
| --- | --- |
| Visual Impairment |  |
| Hearing Impairment |  |
| Disability affecting mobility |  |
| Other physical disability |  |
| Other medical condition (for example epilepsy, asthma, diabetes) |  |
| Emotional/behavioural difficulties |  |
| Mental health difficulties |  |
| Temporary disability after illness (for example post viral) or accident |  |
| Profound complex disabilities |  |
| Aspergers syndrome |  |
| Multiple disabilities |  |
| other |  |

**Learning Difficulty**

|  |  |
| --- | --- |
| Moderate learning difficulty |  |
| Sever learning difficulty |  |
| Dyslexia |  |
| Dyscalculia |  |
| Other specific learning difficulties |  |
| Autism spectrum disorder |  |
| Multiple learning difficulties |  |
| other |  |

**What is your sexual orientation?**

 Heterosexual/straight  Gay woman/lesbian Gay man

 Bisexual Other Prefer not to say

**What is your religion or belief?**

No religion Buddhist Christian

Hindu Jewish Muslim

Sikh Any other religion Prefer not to say