**BSU COMPLAINT FORM**

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| **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.