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# Student Request to Review a Formal Complaint Outcome Form

This form is designed for use with the [University's Student Complaints Policy and Procedure](https://www.liverpool.ac.uk/student-administration/policies-procedures/complaints/). Please ensure that you have read and understood the Policy before completing this form.

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| --- |
| **Your contact information** |
| First name |  |
| Family name |  |
| Student ID Number |  |
| Contact Telephone Number |  |
| Email address (this should be your University email address unless this is not currently active) |  |

If you have supplied contact information which is different to the information currently held by the University, please update your student record as soon as possible via Liverpool Life.

You should also complete the **Equality Monitoring Form** which is appended to this form. This information will be used to help us ensure that we are meeting our commitment to address discrimination and promote equality of opportunity. It will be processed anonymously by the University’s Diversity and Equality Team and will not be used in the consideration of your complaint.

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| --- |
| **Your academic information** |
| Academic School / Institute |  |
| Programme |  |
| Level | UG □ PGT □ PGR □ Other □ Please specify ……………………………………………………………  |
| Year of study |  |
| Location | Liverpool □ Online □ Other □ Please specify …………………………………………………………...  |

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| --- |
| **Are you submitting a request for review:** |
| Yourself | Yes/No |  |
| On behalf of a group | Yes/No | Please confirm if you are acting as the main point of contact for the group. [***You should also provide contact details for all members of the group****].* |
| On behalf of an individual student | Yes/No | **If yes, then the student concerned must sign this box**:*Student’s Signature* |
| **Timescale for requesting a Review:** |
| A request for a Review of a Formal Complaint Outcome must be submitted within 10 working days of the notification of the Formal Complaint Outcome. Sometimes, depending on the circumstances, we can decide to still consider a Request to Review outside of this, if we have good reasons to do so. |
| **Date Formal Complaint Outcome Received** |  |
| **Are you submitting a Request for Review more than 10 working days following the Formal Complaint Outcome?** | Yes □No □ |
| **If yes, please explain why you did not submit this form before the stated deadline and provide appropriate documentary evidence to support your explanation.** |  |
| **Reviews relating to major disruption** |
| Is your request for review being made in relation to a recognised period of major disruption? (e.g. the University has been impacted by a natural disaster, pandemic or industrial action)  | Yes □No □ |
| **Under which major disruption ground(s) did you submit your original formal complaint?**  |
| □ Replacement learning material has not been provided within the timescales agreed by the Head of Department.□ Assessment deadlines fall within the period of major disruption and rely on material which has not been taught as a result of the disruption.□ Supervision for dissertations, final year projects or similar has not been offered at the agreed level *(Evidence or other supporting documentation must be provided to demonstrate this)*□ The academic impact falls outside of the above stated grounds*(Further information, along with any support documentation, must be provided to explain what has occurred, or what the University has failed to provide, and the impact this has had on your studies)***Please now proceed below.**  |

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| **Under what grounds are you requesting a Review?**□ (i) there was a procedural irregularity in the investigation, which was material or potentially material to the decision reached; *(your full statement must clearly detail the procedural irregularity alleged to have occurred)*□ (ii) the decision was unreasonable *(student must identify which aspects of the decision were unreasonable and explain why);*□ (iii) there is new evidence available, which materially impacts on the outcome and which, for valid reasons, could not have been submitted at an earlier stage *(your full statement will require documentary evidence and reasons why the information was not presented earlier)* |
| Please set out clearly and concisely the grounds under which you are requesting a review. |
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| **Supporting Evidence** |
| Please list below each piece of documentary evidence you are submitting in relation to your request for a review. This should include all correspondence received by or provided by the student under either the Early Resolution and/or Formal Stage of this Procedure, including the University’s written response to the Formal complaint. You are not expected to raise at the Review Stage, any additional issues that have not been previously raised at the Formal Stage, except where the issues relate to the procedural conduct of the Formal complaint consideration. |
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| **What remedy are you seeking?** |
| Please explain briefly what you might consider to be a satisfactory resolution to your complaint.  |
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| **DECLARATION** |
| I have read and understood the University’s Student Complaints Procedure. |
| I understand that the University collects and processes the information I have provided with this form for the purposes of considering student complaints. |
| All information and documentation provided in and with this form is complete and represents an accurate and true reflection of the situation that led to my complaint. |
| I understand that the University will need to handle personal details about me which may include sensitive information (for example, relating to my health) in order to deal with my complaint effectively but such information will only be shared, in confidence, where it is necessary and reasonable to do so.  |
| I agree that my complaint may be disclosed to relevant members of the University to the extent necessary for any investigation. |
| I authorise the investigating officer to consider this form and any relevant information held by the University to the extent necessary for the consideration of my complaint. |
| I have attached all previous correspondence and responses relating to my complaint. |

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

When you have completed this form, please return it to the Director of Student Experience and Enhancement (email Paul.Redmond@liverpool.ac.uk)

**Support Available**

The Advice Service of the Guild of Students will be able to assist you in submitting your complaint. They can be contacted by telephone on 0151 794 6868 or by email at: guildadvice@liverpool.ac.uk. You can also seek advice on the procedure from the Student Conduct, Complaints and Compliance Team (Student Administration and Support) by email actadmin@liverpool.ac.uk.



**Equality Monitoring Form**

**Student Complaints Procedure**

Dear Student

We would like to ask you to help us out by filling in this anonymous equalities monitoring form. The information on this form will be used to help us ensure we are meeting our commitment to address discrimination and promote equality of opportunity. It will not be used to identify an individual. The reference number links only to an anonymous record of any departmental complaints. If you have any questions or concerns about providing this information please contact the Diversity & Equality team on 0151 7954376. Many thanks.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | **My Gender is** | Male |  | Female |  | Other |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2. | **My age range** | 16-17 | 18-21 | 22-25 | 26-35 | 36-45 | 46-55 | 56-65 | 66+ |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3 | **Is your Gender Identity the same as the gender you were originally assigned at birth?** | Yes |  | No |  |

4 **Please indicate your disability status**: the Equality Act (2010) defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. Please mark box below - X

|  |  |  |  |
| --- | --- | --- | --- |
| No known disability |  | Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches)  |  |
| Specific learning disability (such as dyslexia or dyspraxia)  |  | Deaf or serious hearing impairment |  |
| General learning disability (such as Down's syndrome) |  | Blind or serious visual impairment |  |
| Cognitive impairment (such as autistic spectrum disorder or resulting from head injury)  |  | Other type of disability |  |
| Long-standing illness or health condition (such as cancer, HIV, diabetes, or epilepsy) |  | Prefer not to say |  |
| Mental health condition (such as depression or schizophrenia) |  |  |

5 **What is your Nationality?**

|  |  |
| --- | --- |
| United Kingdom of Great Britain |  |
| European Union |  |
| Other Nationality |  |

6 **What is your Ethnic Origin** *(please mark one box only – X)*

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

**7 What is your Religious Belief?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No religion or belief |  |  | Muslim |  |
| Christian |  |  | Sikh |  |
| Buddhist |  |  | Any other religion or belief |  |
| Hindu |  |  | Prefer not to say |  |
| Jewish |  |  |  |  |

8 **What is your Sexual Orientation?** Sexual Orientation means who you are emotionally attracted to.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Straight / Heterosexual |  |  | Gay Man |  |
| Gay Women / Lesbian |  |  | Bisexual |  |
| Other |  |  | Prefer not to say |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 9. | **Do you have any dependants?** (dependent children or adults who you are the primary carer for) | Yes |  | No |  |

**For Departmental Administrator:**

Please provide reference number linking to complaints monitoring record: …………………....

Please retain within departments until complaints monitoring forms are requested.