**SMSS Complaints Form**

Before completing this form, please ensure that you have read the *SMSS Complaints Procedure* carefully. Once completed, the form and supporting evidence should be returned to outreach@lancaster.ac.uk, clearly marked ‘OSS Complaint’ in the subject line.

**PLEASE NOTE: This Complaints Form is to be completed in relation to Social Mobility and Student Success activities. It is not to be used to by current LU students to make a complaint to the University about key decisions. For more information, please visit the LU website:** [Student complaints and appeals | ASK - Lancaster University](https://portal.lancaster.ac.uk/ask/complaints-appeals/)

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| **Contact Details** |
| **First name:**  |  |
| **Surname:** |  |
| **E-mail address:** |  |
| **Contact telephone number:**  |  |

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| **Background**  |
| 1. Is the complaint related to your experience?
 | *Yes / No*  |
| **If you answered ‘yes’ to question 1, please indicate whether you are a:** |
| * Young person applying for or taking part in a Widening Participation activity
* Teacher or other external staff member taking part in a Widening Participation project
* LU student involved in a Widening Participation or student success activity
* A member of Lancaster University staff
* None of the above, please provide further details:

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| **If you answered ‘no’ to question 1, please answer question 2 below:**  |
| 1. Are you making a complaint on behalf of a young person, LU student, internal department or other external organisation?
 | *Yes / No**If you selected ‘no,’ please provide further details in the ‘Detail of the Complaint’ section.* |
| **If you selected ‘yes’ to question 2, please answer question 3 below:** |
| 1. I confirm that I have permission to submit a complaint on behalf of a young person, LU student, internal department or external organisation.
 | *Yes / No* *If you selected ‘no,’ please ensure that you have sort permission before submitting the complaint.* |
| **If you answered ‘yes’ to question 3, please indicate whether you are a:** |
| * Parent/guardian of a young person applying for or taking part in a WP activity
* Teacher or other staff member taking part in an WP project and making a complaint on behalf of a school, college or other external organisation
* Lancaster University staff member making a complaint on behalf of a department
* None of the above, please provide further details:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please provide the name of the young person, LU student, internal department or external organisation that you are submitting the complaint on behalf of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please note: The University reserves the right to confirm that you have permission to submit a complaint on behalf of a young person, LU student, internal department or external organisation.** *Once you have completed the above, please proceed to the ‘Detail of the Complaint’ section.*  |

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| **Detail of the Complaint**  |
| Please outline your complaint. You may want to consider/include the following details:* *The nature of your complaint and the impact of this situation*
* *The date of when the issue occurred*
* *The specific activity or project (where applicable)*
* *Who was involved (if known)*
* *Supporting evidence*
* *Details of any expected resolution*
* *Any other relevant information*
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 **General Data Protection Regulation (GDPR)**

The University will process your personal data in accordance with General Data Protection Regulations (GPPR). The Social Mobility and Student Success (SMSS) team will take all complaints seriously and will handle personal information in confidence. Data collected via the SMSS Complaints Form will be used for the sole purpose of processing, investigating and resolving the complaint. This information will be held in shared files (password protected) on Lancaster University servers, only as long as is necessary, for a maximum of 10 years, as per Lancaster University’s Data Retention Schedule.

**Outcome (For Internal Use Only)**

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| **STAGE 1: TO BE COMPLETED BY A MANAGER WITHIN SOCIAL MOBILITY AND STUDENT SUCCESS** |
| **First name:** |  |
| **Surname:** |  |
| **Job title:**  |  |
| **Outcome:**  | Please provide an overview of any decision/action taken following the Stage 1 complaint.  |
| **Signature:**  |  |
| **Date:**  |  |

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| **STAGE 2: TO BE COMPLETED BY THE HEAD OF SOCIAL MOBILITY AND STUDENT SUCCESS (IF APPLICABLE)**  |
| **First name:** |  |
| **Surname:** |  |
| **Outcome:**  | Please provide an overview of any decision/action taken following the Stage 2 complaint. |
| **Signature:**  |  |
| **Date:**  |  |

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| **STAGE 3: TO BE COMPLETED BY THE UNIVERSITY COMPLAINTS CO-ORDINATOR (IF APPLICABLE)**  |
| **First name:** |  |
| **Surname:** |  |
| **Outcome:**  | Please provide an overview of any decision/action taken following the Stage 3 complaint. |
| **Signature:**  |  |
| **Date:**  |  |