Complaints Form (Placements Only)

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| Name of Student: |
| Name of Practice Educator (PE): |
| Name of On-Site Supervisor (OSS): |
| Name of Placement Tutor: |
| Placement name and address: |
| Dates of 3-way meetings (Placement Tutor, Practice Educator/On-Site Supervisor and Student):  Recommendation and Action Agreed: |
| Dates of any other relevant meetings and who attended:  Recommendation and Action Agreed: |
| Who is the complaint against? – Name, Role, Organisation |
| What are the grounds for the complaint? |
| Please give a *brief* summary of your complaint, including dates, people and place in chronological order. |
| Action taken to resolve issues. |
| A copy of this form should be sent to:  The Director of Social Work  The Head of Department |
| Signature of student: Date: |