Complaints Form (Placements Only)

|  |
| --- |
| 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:  |