



CAMBRIDGE ACADEMY OF
DENTAL IMPLANTOLOGY

COMPLAINTS PROCEDURE FOR STUDENTS

STUDENT COMPLAINT FORM

Cambridge Academy of Dental Implantology

LEVEL 1 – EARLY RESOLUTION AT LOCAL LEVEL

**OFFICE USE ONLY:
DATE RECEIVED**

Please email completed forms to info@CAofDI.com

This form is to be completed under Level 1 – Early Resolution at Local Level. Advice on the Complaints procedure and completion of the Complaint form can be obtained from info@caofdi.com

PLEASE TYPE OR COMPLETE IN BLOCK CAPITALS

This form **MUST BE FULLY COMPLETED** and submitted **WITH SUPPORTING EVIDENCE**. Failure to do so may result in a delay to your complaint.

PERSONAL DETAILS

FULL NAME: _____ STUDENT ID: _____

COURSE TITLE AND YEAR OF STUDY: _____

Address for correspondence in connection with the complaint (in the case of a Group Complaint, please attach a list of complainants on a separate sheet of paper and include their full names, student IDs, course title(s) and year of study):

Email: _____

Telephone number: _____



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Outline of complaint, including dates of actions (please use additional sheets if necessary):

Which aspect of the Student Charter do you consider has not been fulfilled, and why?

Please indicate, without prejudice, what outcome or further action you are expecting:



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If you have written a formal letter of complaint to anyone else in the Academy indicate names and / or let us know whether you intend to copy this to anyone else.

Declaration

I declare that the information given in this form is true, and that I would be willing to answer further questions relating to it if necessary.

I consent to this information being made available in confidence to those appropriate to the progression and investigation of my complaint.

Signed: _____

Date: _____