

Student Accommodation Complaint Form

Name:
Student ID number:
Term Time Address:
Telephone No:
Mobile No:
Email Address:

Address relating to complaint
(If different from address above)

Address _____

Please give full details of your complaint (attach separate sheet(s) if necessary)

[illegible]This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

How would you like us to resolve your complaint? (attach separate sheet(s) if necessary)

[illegible]

Date: _____

Signed: _____

Full Name: _____

Equal Opportunities Monitoring

Complaint Number: _____ office use

Your complaint will be treated no differently because of your sex, ethnic or national origin. Please tick (the appropriate boxes, which describe you most closely. This information is used to help us monitor our performance to ensure that all complaints are treated in a fair and non-discriminatory way.

Please tick box 3 to indicate which of these groups indicates you most closely:

1. Your sex

Male ☐ Female ☐

2. Your nationality or citizenship:

3. Your ethnic or racial group:

White			
White	10	Irish	12
British	11	Other White	19

Mixed	
White/Black	41
Caribbean	
White and Asian	43
White/Black	42
African	
Any Other Mixed	49
Background	

This section is not mandatory and you are not obliged to fill in these details. Whether or not you choose to complete the form will not affect your complaint in any way. If you do give any information, it will be kept on file by the University.

Asian or Asian British

Asian Indian ☐ 31
Asian Pakistani ☐ 32
Any Other Asian ☐ 39
Background

Asian Bangladeshi ☐ 33
Asian Chinese ☐ 34

Black or Black British

Caribbean ☐ 21
Any Other Black ☐ 29
Background

African ☐ 22

Other Ethnic Group

Any Other Ethnic Group ☐ 80

Prefer not to indicate

☐ 98

FOR OFFICE USE ONLY

Complaint Reference No: _____

Date Received: _____

Referred to _____

Date: _____

Date Acknowledged: _____

Date Full Response Sent: _____

Please return this form to either:

Housing Services
University of Birmingham
Housing Services
University Centre
Edgbaston
Birmingham
B15 2TT

or
The office of the Manager of
the appropriate Residential Site.