**Group Complaint Consent Form**

This form should be completed, signed, and **returned alongside the completed** [Student Complaints Form](https://www.uwtsd.ac.uk/media/uwtsd-website/content-assets/documents/academic-office/aqh-appendices/sc/SC08-Complaint_Form_ENG_11-2019.docx) to: aocases@uwtsd.ac.uk or, Academic Office (Ref: Formal Complaint), University of Wales: Trinity Saint David, College Road, Carmarthen SA31 3EP.

**All members of the group wishing to submit the complaint should provide their details below.**

If any student is unable to sign this consent form, they must send an email from their University of Wales Trinity Saint David account to aocases@uwtsd.ac.uk confirming that they have given their consent.
The Academic Office must receive such consent within 5 days of this form being received by the Academic Office and prior to the commencement of any investigations in to the complaint.

**By signing this form, I would like the University to consider the group complaint, and I understand and agree that:**

* I have read and understood the University’s Student Complaints Procedure.
* the University will need to gather information about the matters raised in the complaint and that this information may include sensitive personal details which will be processed in accordance with Data Protection legislation.
* the complaint will be handled in confidence, but that in order to investigate the complaint fully it may be necessary to disclose the content of the group’s complaint to relevant staff. I also understand that any individuals against whom allegations have been made will have the right to be made aware of these allegations and any evidence against them.
* the University may need to exchange information about the complaint with external organisations such as the Office of the Independent Adjudicator (OIA).
* what is written on the Student Complaint Form and any enclosures is truthful and relevant to the complaint.
* I have been affected by all of the issues outlined on the Student Complaint Form.
* the spokesperson, as listed below, will act on my behalf and will be responsible for representing the views of the group and will act as key contact in relation to the complaint, including communication relating to the complaint outcome and decision of the group to accept or reject any proposed remedies.
* the group will be required to collectively agree whether or not we will accept the complaint outcome, including any proposed remedy.

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| **GROUP MEMBERS:** |

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| --- | --- | --- | --- |
| **Student ID Number:** | **Forename(s)** | **Surname** | **Signature** |
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| **SPOKESPERSON DETAILS:** |

**To be completed by the group spokesperson:**

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| --- | --- |
| **Forename(s):** |  |
| **Surname:**  |  |
| **Student ID Number:** |  |
| **Email Address[[1]](#footnote-1):** |  |
| **Course (e.g. BA History):** |  |

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| I confirm that I have been nominated as group spokesperson by the group members listed on this form. I agree to be the main point of contact for matters related to the group complaint, to act on behalf of the group and to represent their views.  |
| Signature: | Date: |

1. *Please note that, unless stated otherwise, we will send the written outcome letter, and any other written correspondence relating to the complaint, to the spokesperson via email to the email address they have provided on this form.* [↑](#footnote-ref-1)