**Student Complaints**

**Group Complaint Review Request Form**

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**Queries**

Please read the guidance below before beginning to fill in this Form.

For queries by telephone, by email, or in person please contact:

Student Cases Team  
 Academic Registry

Student Administration Building

Edge Hill University

St Helens Road

Ormskirk

L39 4QP

Telephone: 01695 657248

Email: [Complaints@edgehill.ac.uk](mailto:Complaints@edgehill.ac.uk)

Send the completed Form and supporting evidence to: [Complaints@edgehill.ac.uk](mailto:Complaints@edgehill.ac.uk). Alternatively you can send, or take, hard copies of your Form and evidence to the address above.

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**Guidance**

**Please read the Student Complaints Procedure and relevant Student Guidance before you begin to fill in this Form.**

**Accessibility**

If you require a copy of this Form, or any of the documents it refers to, in hard copy or any other format please contact the Student Cases Team at: [Complaints@edgehill.ac.uk](mailto:Complaints@edgehill.ac.uk) .

**When do I use this Form?**

Use this Form if you are requesting a review of a Group Complaint. If you are requesting a Review of an individual complaint, please use the Review Request Form.

**Are there any special rules for requesting a Review of a Group Complaint?**

Yes.

* The Group must nominate a **Lead Student** to request the Review on its behalf.
* The **Lead Student** should complete this Form on behalf of the Group.
* The **Lead Student** must liaise with all other students in the Group and provide regular feedback to them.
* The **Lead Student** is the University’s single point of contact about the Review, we will communicate with the **Lead Student** and send all correspondence and documents to the **Lead Student**.
* If there are meetings with the University about the Review, usually only the **Lead Student** will attend on behalf of the Group.
* Students cannot join a Group Complaint at the Review stage.

**Do I need to send anything with the Form?**

Possibly.

If you are requesting a Review because new evidence has come to light, please send us the new evidence. When you fill in the detailed reasons for requesting a Review, you should explain why you were unable to provide the evidence earlier. We may ask you for evidence to support your reasons.

**Where can I get help, guidance or support?**

The [Edge Hill Students’ Union](https://www.edgehillsu.org.uk/) is an independent organisation and can provide advice, guidance and representation.

The [Inclusion Team](https://www.edgehill.ac.uk/studentservices/inclusive/) is based in Catalyst and can provide help and support for students who have disabilities. They can advise you about reasonable adjustments to the Student Complaints Procedure to remove any disadvantage that would otherwise be caused.

The Student Cases Team manages the complaints process. They can answer any general queries you have about how to request a Review and how the process operates.

**Is there a time limit to make a complaint?**

Yes.

You must make sure we receive this Form **within 14 calendar days** of the date we informed you of the outcome of the Formal Investigation.

We do not routinely extend time limits unless there are exceptional reasons for doing so. If the Lead Student, or a member of the Group, has a disability which affects their ability to comply with usual time limits, the University may make reasonable adjustments to our procedures to remove any disadvantage that might otherwise be caused.

Further information is contained in the Student Complaints Procedure and in the range of Student Guidance notes.

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**Student Complaints**

**Group Complaint Review Request Form**

As the Lead Student requesting a Review for the Group, we will contact you by email using your University email address. If you have left the University, and your University email account is no longer active, we will contact you using the email address you provide.

If you need us to contact you using a different method please contact the Student Cases Team.

|  |  |
| --- | --- |
| **1** | **Contact information** |
|  | **Lead Student’s Name** |
|  | **Address and postcode** |
|  | **Telephone number** |
|  | **Email address**  Please only provide an email address if you are no longer a current student. |
|  |  |
| **2** | **Who is part of the Review request?** |
|  | At the end of this Form, you will find a table to fill in. We ask you to provide this information so we know who is a member of the Review Request Group.  You must make sure you have the permission of every person to include them in the Review request.  **Remember to complete the table before you submit this Form.** |
|  |  |
| **3** | **Lead Student’s details** |
|  | **What is the name of your programme of study** |
|  | **What year of study are you in?** |
|  | **Are you a full-time or part-time student?**  Tick one box.  Full-time student Part-time student |
|  | **What is your student registration number?** |
|  |  |
| **4** | **Accessibility** |
|  | **As Lead Student, do you have a disability which may impair you in making the Group Complaint?**  Yes Go to the box below.No Go to Section 5 |
|  | **Have you declared your disability to the Inclusion Team?**  Yes Go to the box below.No We advise you to contact the Inclusion Team for advice and support. |
|  | **Do you give consent for the Inclusion Team to share information about your disability with the Student Cases Team?**  It is helpful for the Inclusion Team to share information with us so we can consider making reasonable adjustments to our process and Procedure.  Yes Go to Section 5. No  **If a member of the Group has a disability which may affect your ability to deal with the Review on behalf of the Group, please contact the Student Cases Team for advice.** |
|  |  |
| **5** | **Grounds for requesting a Review** |
|  | **What are your grounds for requesting a review?**  Please tell us which of the grounds you are relying on to request a Review.  You can tick more than one box.  The Formal Investigation was not conducted fairly.  The Formal Investigation failed to take account of  relevant material.  New evidence has since come to light which would  have materially affected the outcome of the  Formal Investigation.  The decision reached by the Formal Investigation  was wholly unreasonable. |
| **6** | **Reasons for requesting a Review** |
|  | Please use the box at the back of this Form to provide a detailed explanation of why you are requesting a Review. Use as much space as you need, the box will expand as you type. |
|  |  |
| **7** | **Resolution** |
|  | **What resolution is the Group seeking?** |
|  |  |
| **8** | **Signature and confirmation** |
|  | **Important:**  By signing this Form you are declaring that the information you have provided about the Group’s Review request is true to the best of your knowledge and belief.  You are also confirming that all students named in this Form have consented to you making this Review request on their behalf, and to you acting as their representative during the Review process. |
|  | **Signature**  Please sign here. Typing your name is acceptable. |
|  | **Date** |
|  |  |

**IMPORTANT:**

* **Remember to write the detailed reasons for requesting a Review on the pages that follow.**
* **Remember to complete the table of members of the Review Request Group.**
* **Remember to send us any new evidence you would like us to consider if this is one of your grounds for requesting a Review.**

**Please send your completed Group Complaint Review Request Form and any new evidence to:**

[Complaints@edgehill.ac.uk](mailto:Complaints@edgehill.ac.uk)

We will acknowledge receipt of your Form and advise you of who has been appointed to conduct the Review.

Occasionally, it is not possible to complete the Review within usual time frames, especially if there is a lot of material to review. We will tell you about any delay and inform you regularly about progress.

|  |  |
| --- | --- |
|  |  |
|  | **Detailed reasons for requesting a Review:**  Use as much space as you need, the box will expand as you type.  It will help you, and us, if you write your explanation in chronological order including dates when you can. |

**Review Request Group**

**Please provide a list of all students who are part of the Group making this request for a Review.**

If you need to, please copy and paste another table to the end of this Form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name**  (please write full-name used to register as a student) | **Student Registration Number** | **Programme of study**  (the name of the course) | **Year of programme**  (for example, 1st year) |
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