

Suggestions form

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: Student ID <i>(If you are not currently a student at this college it would be helpful if you could complete the reverse of this leaflet)</i> |
| Address: |
| Telephone number: |

| Student |
|-------------------------------|
| Course Title (if applicable): |
| Personal Tutor: |
| Course Tutor: |

**Please forward to Quality Department, HE Centre,
Paget Road Campus, Wolverhampton, WV6 0DU**

Alternatively you can contact us via our website at:
www.wolvcoll.ac.uk

Thank you for taking the time to comment on our service.

| Staff |
|------------|
| Job Title: |
| Area: |
| Other: |

| |
|------------------------------------------------------------------------------------------------------------------------------------|
| Statement: (include the nature of the grievance, relevant dates and steps which have already been taken to rectify this matter) |
|------------------------------------------------------------------------------------------------------------------------------------|

| | |
|---------|-------|
| Signed: | Date: |
|---------|-------|