

## **Complaint/Compliment Form**

Windsor Forest Colleges Group Station Road Langley SL3 8BY

DR/ MR/ MRS/ MI (PLEASE CIRCLE)		FIRST NAME							
LAST NAME		1	l						
CAMPUS			DATE						
COURSE									
ADDRESS									
			POSTCODE						
TELEPHONE			STUDENT ID NUMBER						
EMAIL				'	, ,	•			
ARE YOU: (PLEAS	SE TICK) <b>A STU</b>	JDENT A PARENT (	OR GUARDIAN	OTHER	R .	AN EMP	LOYE	 ⋜□	
		w: (continue overlea							
rieuse write iii	the space below	w. (continue overleu	i ii iiecessury)						
FOR OFFICE USE									
FOR OFFICE USE Date Received:			Sent To:						
			Sent To:						