Text

Description automatically generated with medium confidence

**Complaint Form – Internal Complaint**

**CONFIDENTIAL**

Incident Details

|  |  |
| --- | --- |
| **Type of Incident:** |  |
| **Date / Time of Incident:** |  |
| **Name of Student involved:** |  |
| **Student ID number:** |  |
| **Module (if relevant):** |  |
| **Location of incident: (Specify Area & address if**  **possible)** |  |

Complainant/Victim Details

|  |  |
| --- | --- |
| **Name:** |  |
| **Telephone No:** |  |
| **Department:** |  |

Please sign here to confirm that you wish the Advocate to review this case as part of the UL Discipline process.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Please outline the details of the incident:

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Please submit this form as soon as possible to:

Complaints, Discipline & Vetting Unit, Office of the Provost & Deputy President, Main Building, Room A1067, University of Limerick, Limerick V94 T9PX

Disclaimer

It is important to submit this form as soon as possible in order to ensure that it can be processed in accordance with University deadlines.