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# Scottish Quality Concerns Scheme Submission Form

## Section 1: Your details

This section is for you to enter personal details so that we can contact you. Email communication is preferred for speed and to minimise environmental impact. If you are unable to communicate via email, please include a postal address. Please note that many QAA Officers work away from the office and there may be delays in receiving and responding to postal communications.

Please enter a preferred name if the name you prefer to be known by is different from your official name.

**Preferred title - optional** (eg Dr/Mr/Miss):

**Surname/family name:**

**First name(s):**

**Preferred pronoun** (eg she/he/they)

**Email address:**

**Telephone:**

**Address** (only complete if an email address is not provided)**:**

**Country:** **Postcode:**

**You will need to inform us of any changes in your contact details while your case is being investigated.**

## Section 2: Provider and course information

If you are or were a **student**, please complete Section **2a**. If you are or were a **member of staff**, please complete Section **2b**. If you are not or were not either a student or a member of staff, please complete Section **2c**.

### Section 2a - Student

**Name of the provider with whom you are/were registered and which awards the qualification for which you are/were studying**

**Where you are/were attending classes - if different from above**

If you are/were attending a college which delivers a course leading to an award from a Scottish university - please enter the name of the college where you are/were attending classes.

**Programme/course on which you are/were registered**

Please name the course or programme you are/were studying - for example, 'BA Business’.

**Programme level**

Please tick the appropriate box to indicate the programme level:

Level 7: Certificate of Higher Education

Level 8: Diploma of Higher Education

Level 9: Bachelor's degree or Postgraduate Diploma of Education (PGDE)

Level 10: Bachelor’s degrees with honours

Level 11: Master's degree or Postgraduate Certificate/Diploma

Level 12: Doctoral degrees (eg PhD/DPhil)

**Mode of study**

Please tick the appropriate box to indicate how you are/were studying your course. Tick more than one if appropriate (for example, you may be studying part-time at a distance):

Full-time  Part-time  Distance learning

Work-based learning

**Beginning of course**

Please enter the date that you started your course.

**End of course**

Please enter the date that you finished, or you expect to finish, your course.

If you withdrew or were withdrawn from your course, please enter the date of withdrawal.

**Fee/residential status**

Please tick the appropriate box to indicate how you are/were categorised by your provider.

Home/UK student  EU student  International student

### Section 2b - Member of staff

**Name of the provider**

Please enter the name of the higher education provider where you are/were a member of staff and are raising a concern about.

**Your employment**

|  |  |
| --- | --- |
| **Job title** |  |
| **Nature of employment** |  |
| **Period of employment** | From: (month/year)  To: (month/year) |

**Is your concern currently being investigated by an Employment Tribunal, or is an Employment Tribunal pending?**

YesNo

**Please note:** QAA is not normally able to investigate concerns while an Employment Tribunal is in progress or pending. If you have signed a compromise agreement with the institution concerned, you may wish to seek legal advice before submitting this form. It is your responsibility to ensure that you comply with the terms of any relevant   
prior agreements.

### Section 2c - Neither student nor member of staff

**Name of the provider**

Please enter the name of the higher education provider that you are raising a concern about.

**What is your relationship to the institution concerned?**

|  |
| --- |
|  |

## Section 3: Completion of procedures

Before you can raise a concern with QAA, you should complete the provider's internal complaints or appeals procedures. This is so that we can be sure the provider has had an opportunity to deal with your complaint or appeal before we look at it.

In **exceptional** circumstances we may look at a concern where the internal complaints or appeals procedures have not been completed. For example, if we were satisfied that the provider was unreasonably refusing to progress your complaint, we might consider it appropriate to investigate your concern.

**Has your case been investigated through the provider's own internal procedures?** (please tick)

YesNoOngoing

**Has your case been investigated by the Scottish Public Services Ombudsman (SPSO)?**

YesNoOngoing

**If yes, on what date did you receive a final response from the SPSO?**

**(Day/month/year):**

**Please note:** QAA will not normally investigate submissions which are under investigation by the SPSO until they have completed their work. The SPSO will not communicate its decision to QAA directly.

## Section 4: Your concern

Please tell us the main points of your concern, giving enough information for us to understand each point. In particular, the Scottish Quality Concerns Scheme is not designed to provide individual redress so please indicate the potential wider implications of the issue raised. Please structure your concern under the headings of the matter(s) you wish to raise as this will ensure all aspects are covered under the eligibility review. Please add or delete headings as appropriate. The box will expand as you type into it, if completing a paper version - please use additional sheet(s) as required.

|  |
| --- |
| **Concern heading 1**  **Concern heading 2** |

Your submission should be accompanied by documentary evidence to justify any inquiries to the institution concerned. If the evidence is not available to you, you could consider a request under the *Freedom of Information Act*. We cannot consider a submission based on wholly unsubstantiated allegations.

Evidence provided (please tick all that apply)

Provider's final response letter

SPSO final response letter (if required)

Programme specification/course handbook/prospectus

Copy of original complaint to provider

Relevant email communication/correspondence

Any other documentation relevant to the concern raised

## Declaration

I declare that the information given on this form is, to the best of my knowledge, true and complete. I have read the QAA Protocol for managing potential risks to quality and academic standards and understand that the Protocol is not a complaints resolution service, but a means for QAA to identify any systemic failings by a provider. I understand that QAA cannot provide redress for individual students.

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

Please note that if you email your form to us, typing your name into the box above will be considered comparable to an electronic signature.

### Anonymity

If we decide to investigate your concern, the process will be considerably aided if we are able to disclose the details you have provided in Sections 1 and 2 above (excluding your postal and/or email address) to the institution concerned and to any other organisation that we may need to consult in the course of our investigations.

Please put a cross in this box, if you do NOT want us to disclose this information during the investigation.

For clarity, any character in the above box (eg X, ü, /) will be considered as a request for anonymity.

If you have checked the box above, please note that although QAA will not disclose the details you have provided in Sections 1 and 2, by completing this form you give permission to QAA to discuss the case with the institution concerned, and any other appropriate organisations that we may need to consult during our investigations (such as a professional, statutory or regulatory body). **You should be aware that we may not always be able to preserve your anonymity, as you may be identifiable to the institution through the details of your submission.**

Regardless of whether or not we can investigate your concern, we may pass information about your submission on to the institution concerned. This is to ensure the institution is aware of the concern. We may also pass anonymised information on to other relevant organisations, such as professional, statutory and/or regulatory bodies, in line with our Privacy Policy and general data protection regulations (GDPR).

### Submission

Please submit this form to QAA Scotlandby email to: [nations@qaa.ac.uk](mailto:nations@qaa.ac.uk)

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