



UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

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
