Complaint Form

Please complete and return to the school office who will acknowledge receipt and explain what actions will be taken.

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| Your name: |
| Pupil’s name (if relevant): |
| Your relationship with the pupil (if relevant): |
| Address:  Postcode:  Day time telephone number:  Evening telephone number: |
| Please give details of your complaint, including anybody you have spoken to at school about it. |
| What actions do you feel might resolve the problem at this stage? |
| Are attaching any paperwork? If so, please give details. |
| Signature:  Date: |
| **Official Use** |
| Date acknowledgment sent: |
| By who: |
| Complaint referred to: |
| Date: |